Introductory Address

TO

A COURSE OF LECTURES

ON THE

PRINCIPLES AND PRACTICE OF SURGERY.

Delivered on the 5th of October, 1875,

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GENTLEMEN,—It is with unfeigned pleasure that I to-day appear in this theatre as one of your lecturers on surgery, and, as a duty, have to unfold before you the scroll upon which has been written by the skilled hands of the master minds who have preceded me—many in this place—the principles and practice of the divine art of surgery.

I acknowledge with satisfaction that I am entirely indebted to this position, through the treasurer, to the kind action of my colleagues; and freely admit that this fact added no little to the pleasure I felt in accepting an honour that in itself amply satisfies my highest surgical ambition; for I know of no prouder position than that bestowed upon us by our fellow-workers. It is true that the pleasure and honour of the position are a little dulled by the responsibilities with which it is surrounded and the natural anxiety that I confess to feel as to my capabilities of doing adequate justice to so great a subject. But the kind reception you have just given me, and the confidence reposed in me by those whose confidence I value, will do much to lighten the load I have undertaken to bear, and to assure me that any shortcomings on my part in the mode of my teaching will by you be considerately dealt with, if I perform what I now undertake to do—to give you good advice as to the nature and treatment of such surgical subjects as it will be my privilege to bring before you.

In the delivery of these lectures I shall ever bear in mind that you have come here to learn how to practise your profession, and, as a consequence, I shall regard it as my duty to teach you how you ought to act under different emergencies—how you are to treat certain diseases; and in doing this it will be my aim to give you principles of practice rather than details—to point out to you the road you are to walk in rather than the manner in which you are to walk; for in our profession a knowledge of principles is the only sure and fruitful source of its progress, and the knowledge that a man can use is the only real knowledge that is available for its practice. I shall therefore suppress all inclination to enter with you into argumentative discussions or abstract questions, although I shall not forget to point out lines of thought with which you may profitably occupy your leisure hours, or upon which you may exercise your speculative and reasoning faculties; but I shall ask you to do this only when you have learnt what I shall hope to teach.

My teaching will consequently be as practical as I can make it—using the word practical in its fullest sense, rather than in its empirical; for I shall base it upon the scientific knowledge of our profession, upon the broad principles of general pathology,—the pathological aspect of disease being, however, subservient to the clinical, which has reference to the peculiarity or special constitution of the individual patient. For example, before I point out to you the special treatment of *wounds*, I shall first describe how repair takes place in the different tissues, and I shall do this in order that you may know how best to help natural processes, and how not to interfere with natural repair. In the treatment of *hæmorrhage*, before I describe the different means the surgeon has at his command for its control, I shall show you how by natural hæmostatics hæmorrhage is arrested; and I shall do this in order that you may understand the principles upon which your practice should be based, and that you may select the means that utilise to the utmost natural processes. In the treatment of *aneurisms*, before I go into the details that are so necessary for their cure, I shall show you how a natural cure may occur; for that surgeon will be most successful in his means who understands the most fully the physiological processes employed by Nature for this end, and is the best able to turn them to account. In the treatment of *dislocations*, before I describe to you the best methods for their reduction, I shall point out what it is that prevents the restoration of a displaced bone to its normal position, in order that you may recognise the sources of difficulty that you are likely to meet with in their treatment, and why it is that bones, when displaced, are not always readily reduced. In the treatment of *fracture*, I shall first show how repair takes place, and how it may be interfered with, in order that you may know how best to utilise the processes you want to encourage, and how to avoid what may retard or neutralise their action.

In short, before I tell you how you are to deal practically with, or treat, the different accidents to which the human body is exposed, I shall point out how you may best utilise natural processes for their repair, and how you may avoid interfering with them; for I would wish to impress upon you all, in this the very beginning of a course of lectures upon the Practice of Surgery, the wisdom of your accepting as a living and abiding principle of action, that should be with you in all cases and under all circumstances, and that should influence you in the treatment of all injuries and of most diseases—I mean "an unbounded faith in the restorative power of natural processes." I mean, however, no blind faith that is to lead you into a negative and idle practice—no faith that will support, even to the slightest degree, a do-nothing and blindly expectant course of treatment. But I mean a faith that is based upon a sound knowledge of the processes that Nature adopts in the repair of injuries, even the most severe—a faith that leads you to inquire so closely into the action of these natural processes as to teach you how you may best remove such obstacles as may interfere with their steady evolution—a faith that will teach you to use to the full the means you have at hand in natural processes for the repair of injuries, and that will prevent you from doing anything that is likely to interfere with their steady and beneficent action. For, gentlemen, in the treatment of all injuries, let the surgeon put aside altogether every idea of his being able to cure the wound; let him accept cheerfully and gratefully a more humble position, and look upon himself as Nature's handmaid; let him feel also that by so doing he is well fulfilling his high mission. Let him do what Nature unassisted cannot do—replace displaced parts, and by mechanical contrivances keep them in position. Let him remove all foreign bodies that must irritate, and take away all hindrances to natural repair, and so apply his dressings and regulate the surroundings of a case that no harmful influence can take effect. *Let him then leave the case alone*, guarding it with a watchful eye ever open to suggest the removal of what may interfere with natural repair, or the application of what may prove a help towards the attainment of the desired end. When absolute rest is one of the essential elements of success, let absolute rest be afforded, and when movement is called for, let such be enforced; for let the surgeon feel that in accidental surgery, when he has replaced injured parts as well as he can in the position in which they were before the injury, and by mechanical appliances has so fixed them that no movement or outside influence can readily interrupt the natural process of repair—when he has removed everything that is likely to interfere with the steady evolution of the process, he will understand in all its fulness *the evil of meddlesome practice, of meddlesome surgery*, and be ready to recognise the truth of the maxim I now wish to impress upon you, that under all circumstances and in the treatment of every case, even the most simple, the surgeon should, before he interferes, to use a legal phrase, show cause why he should do so; for I would have you bear in mind that every act in surgery, as in every-day life, should be based upon a principle and have a definite object; in the treatment of any surgical case, however simple, no step should be taken, no interference sanctioned, unless with the view of carrying out some reasonable scheme, or the attainment of some definite end, and unless such a view is before the surgeon I hold that it is his bounden duty under all circum-

stances to stay his hand, and stand by, and in an expectant state of mind to watch the progress of the case until the time for action has arrived. For if the surgeon be not sure that he can do good, let him be sure that he does no evil. If he is not clear that the time for action has arrived, let him be clear that the time for interference has not. Let him know that meddlesome surgery is as injurious as meddlesome midwifery, and meddlesome statesmanship, and let him learn, when disposed to interfere without a definite reason, from the great politician and captain who governed this country so wisely and so well, and ask himself the question—*Why cannot he leave the matter alone?* The onus of action must always rest upon the back of the surgeon. Let him see that he carries it with judgment, and let him know that in the practice of surgery, as in other things, a masterly inactivity is often a valuable policy; for to do nothing is often a wise treatment, and by knowing how to wait a great deal more is often effected than by interference. A policy of inaction may try a man's energy, and tax his power of self-restraint; its adoption may also demand as much thought as, and possibly more wisdom and effort, than the greatest activity. But true wisdom should teach us as much what not to do as what to do, and in the practice of surgery inaction is far better than action when to act means simply to err.

Let me, however, impress upon you the wisdom of acting decidedly and boldly when action is called for; let no vacillation spoil your practice; let no half measures be employed that carry out but in part the principle or practice you have been led to regard as the right one to follow, and never hesitate to carry out to the full the legitimate conclusions of your own unbiased judgment. In fact, as an honest man, give your whole mind to the case before you; weigh all its points, and estimate their value, and having *judiciously* come to a conclusion as to its nature and requirements, *judicially* proceed to carry out the decision of your own judgment: do this also with a wise boldness, with a courage tempered with the responsibility of your act.

Let me now turn to the subject of *operative surgery*, and see how far the remarks I have just made are applicable to it. Let me ask if faith in the restorative power of natural processes is still to be your guiding influence? and if, in the treatment of injuries and disease, the surgeon, before he acts, is always to show cause why he should interfere, such a rule of practice in operative surgery is still to be enforced? Let me inquire whether the evil influence of a meddlesome practice has diminished, or the soundness of a policy of inaction in certain circumstances lessened. And, lastly, let me ask if a wise caution in deciding on interference is of less moment, or a discreet boldness in action of less account? Gentlemen, I must tell you that all those principles of action when applied to operative surgery are to be read with double emphasis, and I must ask you to keep them before you as your guiding rules of practice; for, I can assure you, if they are of value in the non-operative development of practice, they are of infinitely greater value in the operative; and that unless you have them by you as guiding principles by which all your thoughts and acts are to be influenced, you will be too apt to fall into bad ways, and, as surgeons, fail to do justice to your patients and to yourselves, or to bring credit to your school. It is true, when a limb has been crushed or irreparably injured, when a part has been attacked by a disease which clinical experience has taught the surgeon to be incurable, that faith in Nature's restorative powers may be misplaced. But when art has stepped in and taken away what Nature unassisted is incompetent to deal with; when the surgeon, as Nature's handmaid, has given a helping hand to natural processes, and has taken away by artificial means what by natural means could neither be restored to usefulness nor cast off,—this faith in the restorative power of Nature may be practically relied upon; for the surgeon has only to adjust the parts that have been disturbed by his operation and to leave them alone, to protect them from external injury, and guard them against all outside influences that may interfere with the healing process. He has but to leave them to natural processes for repair, as in the simplest wound.

I must ask you, however, to bear in mind that, *in deciding upon the performance of an operation*, much thought and care are called for; and let me beg of you, as surgeons, always to feel that you do this under a heavy responsibility, for in the smallest operation there is a risk, and no risk to life should be run without a definite reason. Never look at the case from a purely surgical point of view, and be still more careful that you do not regard it from your own standpoint. Look at it from your patient's point of view alone, and simply ask yourself if it is to his interest and for his advantage that it should be undertaken. For example, you have a patient under your care with a certain disease, and if you regard this disease purely from a surgical point of view you may say at once that it would be a good case for such an operation, and as that poor professional thing—a mere operator—you may be tempted to do it. You regard the case from your own standpoint, and may be encouraged to interfere from the pleasure the performance of the operation may afford you, the benefit its performance may do you in the eyes of your neighbours, or the whip it may perhaps give you over a brother and possibly a rival practitioner. In the given case one or all of these influences may take effect, and urge you to interfere. You look upon the case from your patient's point of view, and may possibly see that the operation is not a necessity, and that, if *expedient*, it is so to a very limited degree; or in weighing the matter more closely, purely with your patient's interest at heart, you may decide that the operation is neither a necessity nor expedient; and, on still closer thought, you may come to the conclusion that if you were in your patient's position, with your knowledge of the case and all its risks, you would not have the operation performed. As a surgeon and a true man you will be influenced by these last considerations, you will decide against interference. The purely professional aspect of the case will be set aside with the purely personal. Your decision will be influenced by the necessities of the case as read in the light of your patient's interests, and that alone.

These arguments apply likewise with equal force *to the selection of the operation that is to be performed*. Your patient's good, and his alone, is to be considered. Let no fancy on your part for a certain operation tempt you to do more than the requirements of the case demand; let no personal preference for an operation influence your decision. Having decided that operative interference is called for, make it clear to your own mind what the necessities of the case demand, and having done this, so arrange your plans that you can carry them out in the simplest way and with the least risk to life. In short, do from necessity what the necessities of the case require, and do what you have to do in the simplest and safest way.

For example, if you have a case of stone in the bladder to deal with, it may be your duty to take it away, and if so, you are bound to do so by the simplest means and by the safest operation. If the accumulated experience of the profession tells you that the simplest and safest way is by a crushing operation, you are bound to do it if you have sufficient skill, and if you have not, you should pass the case over to another who has. And if by the same large experience you are told that a cutting operation is preferable, by the same principle it is your duty to see that it is carried out. No mere personal preference for, or personal success in, one or other of these operations ought to have the slightest influence upon you in guiding your decision; you are to consider your patient's interests, and his alone.

Again, you have a patient with disease of the foot involving some of the bones and smaller joints, and from the progress of the case it is clear that nature unassisted is incompetent to heal it. An operation is, therefore, called for, and you have to decide what that operation shall be. Is it to be one that is solely determined by the requirements of the case? Or is it to be one for which you personally have a fancy, or which your own limited experience—for all mere personal experience is comparatively limited—leads you to regard with favour? Gentlemen, you anticipate my answer, and know that I am about to tell you your decision should be influenced alone by the requirements of the case, and by nothing else. As a surgeon you are bound to take away the disease, but nothing more. You are neither to consider this operation nor that; no preference for a Hey's amputation, a Chopart's, a Pirogoff's, or a Syme's, is to have any weight with you. If by a Hey's amputation you can take away the disease, for the removal of which your interference is alone justifiable, no further sacrifice of parts should be entertained. If the disease be more extensive, and can

only be removed by a Chopart's amputation, a Chopart's amputation is the one you ought to adopt. When nothing less than a Pirogoff's amputation will take away what requires removal, a Pirogoff's may be performed; and a Syme's amputation is only to be entertained when the disease is too extensive to permit of the Pirogoff's being carried out. And when none of these operations will effect what you want (the removal of the disease), an amputation above the ankle may be had recourse to, for, by the testimony of all surgeons, the major operation of amputation of the leg is alone justifiable when the minor operations upon the foot are inapplicable or have failed.

Gentlemen, this testimony against amputation is based upon a sound principle, and is universally admitted; and surely, by the unbiased or unprejudiced reason of all surgeons, the same arguments that apply to amputation of the leg should apply to each of the enumerated operations in their order of magnitude over the minor. The surgeon who would teach that amputation of a foot above the ankle should be performed for all diseases of the foot that require removal would rightly lay himself open to censure; but surely the surgeon who always performs a Syme's amputation when something far less serious would suffice—who shuts his eyes to the advantages of the minor operations, and consequently, from want of experience, fails to know them—is not quite free from blame. At any rate, gentlemen, do not you fall into such an error. Remember that, as surgeons, it is your duty to take away from the body only such parts as are irreparably injured or diseased, and nothing more; that in the surgery of the foot you are to do this by the minimum of interference; and that all the operations I have named in their order of severity are good when well applied.

From the surgery of the foot also learn the surgery of the body; or, rather, through the surgery of the foot learn the great principle that ought to influence you throughout all operative surgery. Learn to know that, as a duty, you are only to remove from the body what nature unassisted cannot cast off, and what, if left, will interfere with life or life's usefulness; and bear always in mind that you are to do this with the least risk to life, with the least sacrifice of parts, and with the least local disturbance.

When I tell you that the surgeon is always to operate with the least risk to life, you may think that I am repeating an axiom which needs no enforcement, and yet I would wish to bring the point before you if only to impress upon you the necessity of its observance; for as a surgeon I cannot honestly say that it is always acted upon with the closeness which it is due, nor with the strictness which the conviction of the sacredness of life ought to enforce. Gentlemen, as surgeons, always regard life as a sacred thing, and let it be your primary aim to preserve it or prolong it. When considering an operation this feeling should influence you much; indeed, without such a feeling no operation should be entertained. And let me add that it is a thought that will often simplify many of the questions that come before you; for if in any given case you have to select one of two operations, and by referring *to the experience of the profession* you find that one of the two operations you are considering is far more fatal in its effects than the other, the weight of evidence ought to go against it; at any rate the advantages to be gained by the more dangerous measure ought to be very great indeed to justify the surgeon in selecting it in preference to the one that has been shown by general experience to be the safer. For example, let me take a case of disease of the knee-joint in a young subject, say under twenty, and let me assume, for the sake of argument, that by the flux of time it has become clear that Nature, even when well and fully assisted by art, has proved herself incompetent to effect a cure by natural processes, and that the removal of the disease by some operative measure is called for. What is that operation to be? Is it to be excision or amputation? And I put this question to show you how necessary it is to consider the influence of age upon the results of an operation. To answer it you refer to the accumulated experience of many surgeons, not resting solely upon your own, and find that in amputation for chronic knee-joint disease in subjects under twenty, the mortality is not greater than 1 in 17 cases, and by a reference to the same general experience in excision, you find that it is at least 1 in 3½; the mortality of excision of the knee in young subjects being five times as great as that of amputation for chronic joint disease; or, in other words, we find that by amputation sixteen recoveries are to be secured with one death, whereas by excision the same number of recoveries can only be secured by five deaths, four lives being unnecessarily sacrificed to secure the advantages of excision to fifteen subjects. Now, let me ask you if the advantages afforded by the operation, even by the most successful cases of resection of the knee-joint, can in any way compensate for the unnecessary loss of so many human lives; and if the advantages of excision can possibly be so great as in any way to justify the surgeon in performing the operation as a rule of practice? With the sanctity of life prominently before me, and with the feeling that to save life is our highest duty, and to add to life's usefulness the next, I have no hesitation in saying that excision of the knee-joint, as a rule of practice in young patients, ought not to be adopted. That it is justifiable in exceptional cases in young life, and as a more common rule of practice in subjects of a greater age, is doubtless true; for by the same arguments that I have adduced against the operation in young subjects, the practice may be justified in the older in exceptional cases. But what I wish to illustrate by this question of operation is a principle: it is to show you that you are to consider the life of the patient before other things, and that in comparison with it all other points sink into insignificance. I confess, when a surgeon shows me with a smile of satisfaction a successful case of excision of the knee in a child or subject under twenty, I see behind that smile the ugly fact that, to gain one result in which he glories—if his experience has been extensive,—many inglorious results have taken place. I feel, also, that the success has been bought at too high a price, and that it ought not to be encouraged.

When I lose my judgment and become an enthusiast, when I look to my own experience alone and ignore the accumulated experience of others, pin my faith to a system which has to be established, and, in my enthusiasm for a theory, presume to talk about controlling natural processes and guaranteeing a successful termination to any operation I may have the will to undertake, I shall doubtless teach you other things; but with the calm light of the past illuminating the present, with a mind still open to receive the facts which the experience of those who have preceded me have given, and a judgment not yet clouded by any strong personal bias for or against any theory or any practice, I am urged by a sense of duty to bring prominently before you the principle upon which I have enlarged and illustrated, and beg you, before anything else, to let the main object of all your surgery be the saving of life; and next to the saving or prolonging of life let it be your aim to add to life's usefulness. But take care that you do not this at the expense of the higher object; take care that in attempting the minor object you do not fail in the major; take care that in your anxiety to add to life's usefulness you do not sacrifice the life itself.

When considering the advisability of an operation upon an aged subject, consider well these points. Think twice, and even thrice, about performing an operation that is not a necessity to save life—that is not called for urgently by the danger the presence of the disease produces, or by the distress that it causes. Hesitate about performing any operation of expediency upon such a subject. For example, if anyone, man or woman, has a simple fatty or other tumour, the presence of which affects life but distantly, or is merely a discomfort or an inconvenience, do not touch it; for if you do, you do so at a risk to life which the necessities of the case do not warrant, although in a younger subject surgical interference would be justifiable. You meet with an old man who has a stone in his bladder, and the stone, beyond giving rise to mild symptoms of its presence, does not render life distressing or unendurable, and you have to decide upon the treatment of the case. What are you to do? I will tell you what you are not to do, and that is you are not to risk the man's life; you are not to perform any operation upon him that does this to any extent; you are not to cut the patient by lithotomy, nor are you to attempt to crush the stone if many operations are likely to be required. You would be justified only in interfering if you find the stone small, and if, on carefully weighing probabilities, not more than three sittings will be required. You are not, however, to do this if the man has soft and fat textures. If there are any indications of visceral mischief,

such as lung trouble, particularly bronchial, liver derangement, or last, but not least, renal trouble; you had better leave the case to nature, and relieve symptoms by the many ways your art suggests, than by any act of yours endanger life. If you are not sure, as I said at an early part of this lecture, of doing good, be sure that you do no harm. The patient may die, but take care that he does not do so at the surgeon's hands.

By the same argument you will hesitate about performing any operation, that is not an urgent necessity to save life, upon any subject who has exhausted his powers by drink, or who is either a drunkard or an habitual spirit-drinker. Hesitate also about interfering with any great eater. But above all things hesitate about performing any operation that is not a necessity upon the subject of Bright's disease.

Remember, also, that operative surgery, although an important part, is only a part of surgery; and recognise the fact that the higher duties of the surgeon are to be found outside the operative department and away from the operating table. But, at the same time, bear in mind, when the surgeon, through his higher faculties, comes to the conclusion that an operation is a necessity to save life, or is justifiable to prolong it or to render life more valuable, it is his bounden duty so to have educated his manual powers, so to have studied the mechanical part of his art and the necessities of the case he has to deal with, as to be able to carry out with all the skill of which the living matter he is dealing with is worthy the dictates of his own judgment; and let him be sure, if success does not crown his efforts, that failure can in no way be attributed to any want of ordinary skill, any want of care, or any want of preparation. For the ultimate result of an operation rests, without a shadow of doubt, upon the right execution of each step in it; and when each step has been efficiently performed the surgeon's duty has been fulfilled. But remember that a failure in any one of the steps of an operation, from the very beginning of the case up to the final dressing of the wound, as a rule, means failure in the whole, and that a want of attention to what might appear to be a trivial matter may spoil what would otherwise have been a brilliant success; for success in operative surgery rests as much upon the right execution of so-called small points as of the large, and that surgeon is the most successful who, with the main object of his operation in view, looks most into details. By the operating surgeon, nothing that tends towards success should be looked upon as trivial—nothing so small as to be beneath his notice.

Gentlemen, I must now close my lecture, and I will do so by asking you to carry away the principles I have attempted to enunciate, and to accept them as guides in your professional career. Ponder over them at your leisure, and so make them your own; take them into your minds and mentally digest them, so that they may become part and parcel of your nature, and find expression in the daily acts of your professional life. Bear in mind that all wounds—accidentally received or surgically produced—are healed by natural processes, and that all the surgeon can do in their treatment is to remove obstacles to natural repair, place wounded parts in the position in which natural repair is the best effected, and stimulate the process. Have unbounded faith in the restorative power of natural processes. Before you interfere in any case with things as you find them, always feel that the onus of interference rests with you, and that unless you can show good cause to your own mind why you should do so, you had better leave matters alone. Have a horror of meddlesome surgery, and a great respect for a do-nothing practice when no indications for doing, or for doing good, present themselves; but remember that by doing nothing judiciously you often do more good than by action, and that to know how to wait is a great power. When action is called for, act boldly and with decision, and let no vacillation spoil the practice your own honest judgment has pronounced to be right. Act in all things under a deep sense of the responsibility of your actions, and remember at all times that it is with a human life you are dealing.

In operative surgery let these feelings have their fullest influence, and in no case nor under any circumstances perform the simplest or the largest operation unadvisedly. Bear in mind that in the simplest operation there is a risk to life, and that under all circumstances that risk is to be recognised. Remember likewise that that risk is not to be run without a definite reason. Always recognise it yourselves, and see that it is made known to your patient or to his friends. Treat no operation as being absolutely free from danger, and never presume to guarantee any result.

In deciding upon the propriety of an operation, always regard it from your patient's point of view and in his interests, and on no account allow yourself to be influenced by any professional or personal bias.

In selecting the operation to be performed, choose the one that fulfils the most closely the objects you have in view—viz., the removal of the disease that demands removal with the least danger to life and the least sacrifice of parts. On no account let any personal preference for an operation, or personal success in it, induce you to deviate from this rule.

In fact, gentlemen, do to your patients what you would have done to you were you in their place, with your own knowledge and appreciation of the risks with which the proposed surgical act is surrounded; for your profession is a noble one. Be careful that no selfish ends be allowed to spoil the beauty of its objects. Let no professional prejudice or narrowness creep in to mar the thorough goodness of its results. Let your practice of surgery be based upon principles, and let your principles of surgery be based upon a higher one, and let that higher principle be no less a one than that which binds us all together as men—as Christian men; for, if we be surgeons, let us not forget that we are Christian men as well, and let our professional conduct be governed by the same influences that govern our conduct in daily life.

If the objects of the surgeon are high—and who is there that can deny it?—surely the principles upon which his acts are based should be high likewise. If the principles I have inculcated are high—and I admit they are,—let me remind you they are so only in order that they may help you onwards to fulfil manfully the noble objects for which you have entered at this hospital, and, as surgeons, to do something towards the relief of human suffering.

ON A FATAL CASE OF BLOOD-POISONING OF UNCERTAIN NATURE, PRESENTING SEVERAL UNUSUAL CHARACTERS.

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THE case of which the following particulars are subjoined was one presenting several features of remarkable interest, and it therefore deserves publication. It seems, indeed, not an easy task, judging purely by its clinical characters, to place it in any clearly defined nosological category; but the nearest approach to such an attempt has been made in the title given above. Mr. Steele of Reigate, under whose immediate care the patient was, has kindly supplied to me the early history of the case.

X. Y., aged twenty-one, a slightly built, fair-haired gentleman, on the 26th September, 1875, began to complain of a noisy barking cough, and of some occasional spasmodic difficulty of swallowing. The day following he sought Mr. Steele's advice for these symptoms, and he further complained of some fulness about his neck. That gentleman at once detected an enlargement of the thyroid gland, and, finding no other physical signs, attributed the troubles described to that particular affection. Mr. Y. had never been robust, but had had no illness of any importance till four years previously, when he had a severe attack of typhoid fever. During the summer he had been somewhat overworked, and had not had sufficient holiday relaxation. The swelling was ordered to be painted with tincture of iodine, and a mixture was given containing three-grain doses of iodide of potassium in an ounce of infusion of gentian. Confinement indoors was also enjoined. It was noted that the action of the heart was somewhat feeble; pulse about 60; the skin was cool, and the appetite fairly good. The patient contrived to amuse himself in his room, and did not feel unwell. In the course of a few days the inspiration became gradually rather noisy, but was not

difficult; and there was slight "brassy" cough, with the expectoration of a little grey mucus. The voice was also hoarse.

On the 10th of October I saw the case for the first time with Mr. Steele, and confirmed the above conditions. The thyroid body was then uniformly enlarged, symmetrical, hard, and firm. The finger could not be passed into the sternal notch. The lymphatic catena on the right side of the neck was enlarged, but not, or very slightly, upon the left side. There were no other enlarged lymphatic glands upon the body. The thyroid gland was only a little tender upon manipulation, and the integument over it was tense, cool, and non-adherent. The pulse was 60 per minute, regular, and the action of the heart was feeble. The tongue was a little furred, and a mawkish taste in the mornings was complained of. The bowels were comfortably relieved. The stomach was rather irritable, and there was a tendency to nausea. The chest was everywhere resonant on percussion, with the exception of some slight dulness under the manubrium of the sternum. The breath-sounds were modified generally by an apparently conducted tracheal note, but they were more shrill in the right suprascapular and infrascapular regions. The voice-sounds in these situations were also louder and more bronchial than on the left side.

Two small flattened tumours were found on the abdomen on the left anterior lumbar region, dusky-grey in hue, rounded and well-defined. They were tender when pinched up, and were distinctly in the integument. These had been observed for about ten days. The legs were natural in all respects. The spleen was not at all enlarged, and the liver was of normal dimensions. There had been a little soreness of throat and œdema of the uvula, and painting with equal parts of tincture of perchloride of iron and glycerine had been practised for relief of this. The urine was natural in quantity and appearance. The patient got up each day, and changed his room. No dysphagia, or very little, was complained of, but there was some irritability of stomach, and also occasional tendency to faintness and retching.

It was decided to increase the iodide of potassium to five grains for a dose, and to give as much of the carbonate of ammonia with it in infusion of gentian. The thyroid swelling was still painted with tincture of iodine.

On the 13th October there was no marked change, but some coryza had occurred, and the iodide was evidently ill-borne. About this time paroxysms of pain were complained of, issuing from the right side of the seventh cervical vertebra and shooting into the front of the right shoulder. At times these attacks were very severe. Opiates were given every four hours for the relief of this pain, and with some benefit. The nights were bad and the attacks of pain and retching were more frequent at night. The ointment of biniodide of mercury was now rubbed into the thyroid swelling. One application of this, however, caused vesication, and no more was employed. The breathing continued noisy, and at times there were short paroxysms of dyspnœa together with the attacks of pain and retching, requiring semi-erect posture in bed. The cervical glands continued to enlarge a little. During the two following days no decided change occurred. The pain still proved very annoying, and persisted in the same situation, and the faintness and retching continued. Usually a little bilious mucus was brought up. About the 15th October it was distinctly to be observed that the swelling of the thyroid gland was diminished and the whole organ was softer and less tense than before, perhaps even softer than a healthy gland, but the enlargement remained of symmetrical character, and there were still signs of tracheal and bronchial pressure as before. Some grey pearly masses of mucus were brought up after coughing, but the cough was not at all urgent. On the 17th October the pulse was 60, feeble; temperature normal; urine natural in appearance and void of albumen. The blood was examined microscopically, and the proportion of white cells was found to be normal, the red globules forming healthy rouleaux. The same dulness, and no more, was found at the manubrium on percussion, the resonance being good elsewhere over the chest. Air entered well into both lungs, but the respiration was markedly shrill and tubular, both in front and behind on the right side, less so on the left. The voice had a bleating character to bystanders, and on auscultation was bronchophonic over the upper half of right side. The thyroid body remained in about the same condition as when last noted—viz., uniformly enlarged, elastic, and symmetrical. The pain persisted in precisely the same situation. The patient directed attention on this day to some swellings upon his head, and on examination two firm node-like tumours were found upon the left parietal region, and two more upon the upper frontal region. These were situated in the pericranium, were only a little tender on pressure, but did not ache otherwise, and never at night. They had been noticed about a week previously by the patient himself, but he had not mentioned them.

Mr. Savory was invited to the consultation on the evening of this day, and he made a minute examination of the patient. It was decided to give quinine in three-grain doses every four hours, and to push the nourishment and wine more vigorously.

On the 18th October dorsal decubitus was no longer possible. The pulse was 72; respiration 14 in the minute, and noisy. The tongue was covered all over with a thick dirty-white fur. No material wasting was observable. The quinine was well borne. A bad night ensued. On the 19th, at 9.30 A.M., the pulse had risen to 90, was soft, but of fair volume. Respiration 20 in the minute. No fresh glandular enlargements to be felt. The spleen was natural as to size. Air entered both lungs well; breath-sounds very shrill. Tongue still more coated, and senses of smell and taste lost. The nares were dry, and inspiration through them impossible, though expiration could be managed. The attacks of pain became more frequent and severe, the sensation being compared to a feeling of dislocation. Some whiffs of chloroform were inhaled with slight relief to the paroxysms of dyspnœa. At 6 P.M. the pulse was 88; temperature 98·4° in axilla, 98·6° under the tongue. Two glands in the left groin had become enlarged and painful during the day, and the axillary glands were also somewhat enlarged. Strong beef-tea, eggs, and port wine were given as freely as possible. The quinine was increased to four grains and a half, with fifteen minims of tincture of perchloride of iron added to each dose. The pain now recurred at shorter intervals with increased severity, and was scarcely relieved by anodyne and hot fomentations. At midnight fifteen grains of chloral hydrate were given. Oct. 20th, at 1 A.M., a severe paroxysm of dyspnœa occurred, accompanied with retching. The respiration was very noisy (roaring) and rapid, like that of severe spasmodic asthma, and the distress increased. The shoulders were supported, fanning was employed, and some chloroform was given to inhale. Stimulants were also administered. No relief was afforded. The lips became more and more dusky, and the arms were thrown about wildly. Respiration ceased almost suddenly. Silvester's method of artificial respiration was practised for about fifteen minutes, and brandy was injected into the rectum. All efforts were in vain.

No post-mortem examination was obtained.

Remarks.—The illness just described lasted in all about four weeks. The family history afforded no clue whatever to the nature of it. The patient resided in a healthy country district, and had been, so far as was known, exposed to no insanitary or malarious influences. The earliest symptoms were, perhaps, referable to some irritation of the pulmonary branches of the vagi nerves. A condition of low health and feebleness had been reached for some time previously. The first coarse nutritional derangement to be recognised was a hard but uniform enlargement of the thyroid gland; and for some time most of the symptoms appeared to be due to this as a source of mechanical disturbance. Thus the altered respiratory sounds and voice and the peculiar cough seemed to be accounted for. This enlargement gradually progressed, and the cervical lymphatic system likewise became involved. These changes, however, could not be set down to any form of inflammatory growth, neither were there any indications of their being dependent upon tubercular, syphilitic, or cancerous cachexia; for the conditions present, and the history obtained, negatived all these hypotheses. Together with the involvement of the lymphatic glands, certain changes occurred in the integument over the abdominal wall and in the pericranium; and the physical signs in the chest afforded strong presumptive evidence of enlargement of the bronchial glands. At no period was there any splenic enlargement, and throughout the case there was absence of pyrexia. The blood also presented no signs of leukæmia.

Death by apnœa evidently ensued upon mechanical irritation of the pneumogastric nerves. The final paroxysm of dyspnœa, like those which preceded it, was accompanied by simultaneous retching and partial syncope.

In the absence of an autopsy, the primary cause underlying these processes has to be sought. To anticipate a view which might perhaps plausibly be held after a consideration of the facts of the case—viz., that the symptoms betokened the presence of a malignant tumour of the anterior mediastinum or of the thyroid body itself,—the fact may here be restated, that the latter organ became soft and yielding towards the termination of the case, and at no period presented any unevenness or evidence of involving other adjacent structures. Such conditions seem to be quite incompatible with the rapid spread of a malignant growth into or around the texture of this gland.*

No more reasonable explanation offered itself than that which was adopted—viz., that, owing to some peculiar form of blood-poison, the lymphatic system, in a large measure, including the thyroid gland as a part of it, became involved, and, by mechanical interference with certain nerves, gave rise to the varied symptoms which occurred, and which eventually caused death at a somewhat early period in the case. The integumentary and pericranial tumours may likewise be referred to the same cause.

It should be noted that the paroxysms of dyspnœa were not due to uncomplicated laryngeal spasm. There was never present pure stridor of laryngeal quality, and although it is not possible to aver that there was no such element in the dyspnœa, the characters of the respiratory trouble indicated the existence either of bronchial obstruction due to spasm, or, more probably, of spasm mixed with and dependent upon direct pressure from enlarged bronchial glands. Hence there never was any likelihood of affording even temporary relief by tracheotomy, for the obstruction was manifestly intrathoracic and beyond reach, and, further, the mechanical tension at one period exercised by the enlarged thyroid body had ceased to exist for some days before death. Had the thyroid gland continued to enlarge, and cause increased local pressure, an incision into the mesial line to relieve this might have been indicated. Direct compression by the gland upon the recurrent laryngeal nerves could hardly have proved more urgent towards the end of the case, but these branches may have been, and probably were, pressed upon by enlarged intrathoracic glands. The pain was, no doubt, of neuralgic nature, and due to pressure of glands upon a part of the brachial plexus.

Neither iodide of potassium nor quinine appeared to exert any beneficial influence upon the morbid process, and medical art was powerless to avert the bitter and untimely end of this remarkable and most distressing case.

Grafton-street, W.

CASE OF

ANEURISM OF THE ARCH OF THE AORTA;

OBSCURITY OF THE SYMPTOMS; DEATH FROM RUPTURE INTO THE PERICARDIUM.

BY HENRY BRIETZCKE, F.R.C.S.,
ASSISTANT-SURGEON TO MILLBANK PRISON.

THE following case is so instructive, and resembles so closely a case reported in THE LANCET of October 16th, by Dr. Frederick Robinson, that I venture to forward the notes for publication.

Corporal J. C——, aged thirty-one, a tall, muscular, well-built man, was received into the Military division of Millbank Prison on Sept. 22nd, 1875, under sentence of eighty-four days' imprisonment with hard labour, for deserting from the army in 1870. On admission he underwent the usual medical examination; he then stated that he was not feeling well, and was troubled with shortness of breath and a heavy cough. The following notes were taken:—

Present condition.—Unhealthy aspect; cicatrices of old abscesses on different parts of the body; badly nourished. Right lung: Posteriorly, puerile rough breathing; dulness on percussion and bronchophony in right interscapular region; absolute dulness on percussion in sternal half of subclavicular region and pectoriloquy at extreme apex; heart-sounds feeble and indistinct; laryngeal cough; no pulsation, thrill, bulging, or murmur over area of dulness; no abnormal sounds over vertebral column. Under these circumstances he was admitted into hospital.

History.—States that he first began to be ill in February, 1875, at New York; he got wet, and had a wheezing in his chest. In July he began to be very short of breath, and then consulted several doctors; he was told he had "bronchitis and asthma, with a tendency to consumption." His voice became hoarse in August while on his way to England. He has felt uneasiness in the left side of the chest for some time, but only when lying down; for the last four months he has been obliged to lie on his right side, as he felt "smothered" if he rested on the other.

Sept. 28th.—Ordered a mixture of dilute sulphuric acid with digitalis. Not so well. Temperature 101·2°; pulse 132. Has had a rigor, followed by febrile symptoms. Had a bad night; tongue furred. Vomited two or three times; this, he says, is caused by efforts to cough up phlegm which he feels in his throat. No expectoration to speak of. Breathing slightly quickened and of a laryngeal description; he cannot lie on his left side. On being questioned, he states that he has a slight difficulty in swallowing solids, that the bolus of food appears to lodge in the gullet somewhere towards the left side in front, and that he is obliged to take fluid to wash down every mouthful; this, he says, has lasted for two or three months. Notwithstanding this statement, he took a good dinner of meat and potatoes the day after admission, and was not unusually long over it. Never had hæmoptysis; no hereditary history of phthisis; no history of injury or strain.

30th.—9 P.M.: Pulse 120; respiration 33. Laryngeal breathing; and hard, paroxysmal, hoarse cough. The respiratory murmur is very deficient all over the left lung; in fact, very little air appears to enter, although there is no dulness on percussion or sign of consolidation. No pulsation in episternal notch; no bruit; no difference in the two radials; no pain in the back or chest. Ordered vapour of conium; and to have five minims of dilute hydrocyanic acid, twelve minims of spirit of chloroform, fifteen minims of ethereal tincture of lobelia, and one drachm of compound tincture of cardamoms, in water to an ounce and a half, every six hours.

Oct. 2nd.—9.45 A.M.: Pulse 120, full; tongue very foul; temperature 100·6°. Has had no sleep. Yesterday there was slight purulent expectoration. States that his breathing is relieved by the conium vapour. Excessive resonance on percussion over the left lung, deficient respiratory murmur, rhonchus; over the root of the lung, in the interscapular region, the breathing is extremely loud and bronchial, and the voice resounds through the stethoscope; but this is also to be found to some extent on the right side.

3rd.—11 A.M.: Face flushed and slightly dusky; orthopnœa on being raised up; pulse 140; temperature 102°.—1 P.M.: On carefully examining the chest, in consultation with Mr. Gover, the senior medical officer, we find absolute dulness on percussion in the right subclavicular region, with a sense of resistance to the finger, and this extends towards the sternum, especially over the second and third costal cartilages and corresponding intercostal space close to the sternum. In the right lung there is distinct vesicular murmur, and resonance on percussion; in the suprascapular region the breathing is loud and rough. During respiration the left chest scarcely rises at all; the right expands well. There is absence of respiratory murmur on the left side, and excessive resonance on percussion. Over the left interscapular region the breathing is loud and blowing. The lower intercostals on both sides fall in during respiration, and the diaphragm does not act well. No increased cardiac dulness; no pulsation or murmur. In the absence of indications of laryngeal disease, as well as of the symptoms characteristic of aneurism, we diagnosed a solid tumour, cancerous or glandular, compressing the left bronchus and irritating the left recurrent nerve.

4th.—10 A.M.: Pulse 128; bad night; cough troublesome; expectoration bronchitic and slightly purulent. Tempera-

* My colleague, Dr. Andrew, has reminded me of the opinion held by the late Dr. Southey Warter, of St. Bartholomew's Hospital, that cancerous growths often progress without exciting any pyrexia; and, so far, in this case this observation might have lent support to the view of malignant disease, but for other and weightier reasons this supposition could not be entertained. See also Wunderlich on Temperature.

ture 100·2°; face flushed, nostrils dilating; laryngeal breathing and cough.—5.15 P.M.: Severe attack of spasmodic breathing; duskiness of face and partial insensibility. These symptoms passed off on raising him in the bed, and his breathing became more natural.

5th.—10 A.M.: Reported to have had a second severe attack of orthopnœa in the night; is now slightly easier; pulse 125; temperature normal. Took his breakfast; has expectorated some pure pus unmixed with air-bubbles; lies on his right side; rapid emaciation since admission; pupils normal. On listening over the centre of manubrium a loud amphoric sound is audible, resembling air passing through a narrow tube; second sound of heart sharp and flapping. To have ethereal tincture of lobelia, 160 minims; iodide of potassium, eighty grains; camphor water to eight ounces: one ounce every four hours.—9 P.M.: Pulse 120; temperature 99°. At 2 A.M., while sitting up in bed, he suddenly called out "Jack!" to a fellow-prisoner, fell backwards, and expired.

Autopsy, eighteen hours after death.—Rigor mortis; body rather thin, but strong frame. On removing the sternum, a tumour was visible, projecting forwards slightly to the right of the median line, and occupying a position opposite the first, second, and third ribs; it was not adherent to the sternum, and there was no sign of erosion. Right lung adherent to the walls of the chest; left lung free. On opening the pericardium, a large quantity of clotted blood was found. The left vena innominata was pushed forwards in front of the tumour; the right occupied its normal position. The innominate artery arose from the upper and anterior part of the tumour, was pushed over to the left side, crossed the trachea obliquely, and immediately divided into carotid and subclavian. The left subclavian and carotid were somewhat pushed forwards and slightly elongated, but soon assumed their normal position. About half an inch below the part where the pericardium is reflected from the aorta and pulmonary artery, and to the right and somewhat behind the ascending part of the arch, was a small triangular opening, containing a clot of fibrine, where the tumour had given way. The ascending aorta and pulmonary artery were incorporated by a thickening of the visceral pericardium. The right division of the pulmonary artery passed behind the tumour, and was somewhat encroached upon. On opening the tumour, it was found to consist of a large sac, commencing at the termination of the ascending aorta, and involving the whole of the transverse part of the arch. The posterior wall was filled by a dense mass of laminated fibrine, firmly adherent and an inch thick. The ascending aorta contained no fibrine, but was dilated, and a pouch existed on the right side, immediately above the valve—apparently a dilatation of the corresponding sinus of Valsalva. The channel of the blood was in front, and the vessels arising from the transverse part of the arch were pervious, the deposit of fibrine being just posterior to their orifices. The thoracic aorta was thickened and atheromatous. The part where the tumour had given way contained no laminated deposit, being very thin, and directly in the current of the blood. With some difficulty the whole of the laminated fibrine was removed; and it was then discovered to be a true aneurism, all the coats of the vessel being intact. On removing the viscera of the chest, and dissecting from behind, the œsophagus was found to be flattened by the tumour, which was about the size of a small cocoa-nut. The left bronchus was much compressed; the right was free. There was also some pressure upon the bifurcation of the trachea. The left recurrent laryngeal nerve was involved in the tumour, or, rather, was compressed between it and the structures occupying the concavity of the aortic arch; it then passed up along the posterior surface. The trunk of the right pneumogastric passed down upon the posterior surface of the tumour. There were no signs of pressure upon the vertebræ.—Heart: Pulmonary valves healthy; right ventricle thin and rather dilated; left ventricle normal; aortic and mitral valves competent, the former a little rough. The muscular tissue was firm and normal under the microscope.—Lungs: The upper lobe of the left lung was bloodless, pale, and emphysematous; the lower lobe congested. Pus escaped from the cut bronchial tubes; slight roughness of the pleura at the base from old pleurisy. The right lung was crepitant and engorged. No emphysema, except at the anterior border of the middle lobe; no bronchitis. The liver, spleen, and kidneys were healthy.

For the following remarks I am indebted to Mr. Gover, the senior medical officer:—

In this case the symptoms and signs were those, not of an aneurism, but of an intrathoracic tumour, the result of nature's attempt at a cure. The case proves that a healthy condition of the heart is compatible with the near neighbourhood of a vast aneurism, and in this respect it tends to support the views of Hayden, Corrigan, and Stokes. The posterior direction of the aneurism explained the entire absence of thrill, pulsation, and murmur; but the absence of pain due to pressure on sentient nerves is not so easily accounted for. Dr. Hayden, in his learned and elaborate work on "Diseases of the Heart and of the Aorta," calls attention to the importance of a double sound over a limited portion of the vertebral column as in the highest degree suggestive of aneurism; but even this sign was absent, although the aneurism tended posteriorly. The obstruction of the left bronchus was nearly if not quite complete, and this forms an instructive and unusual feature in the case. Dr. Hayden considers that defective expansion of one side of the chest is not of much diagnostic value, and Dr. Stokes states that he has never met with an example of complete occlusion of a bronchus by the pressure of an aneurism. And yet it is certain that cases of aneurism occasionally occur in which the symptoms are, at first, limited to those produced by pressure upon the trachea or bronchi. In this instance the occasional laryngeal spasm and the absence of respiration on the left side allowed of an approximate diagnosis as to the seat of the disease, but its nature was left an open question. In estimating the difficulties of diagnosis, it must be remembered that only a few days before death this man had been received as being fit for imprisonment with hard labour. When examined, shortly after his arrival, the physical signs were those of compression of the trachea or bronchi, with high-pitched dulness over an area which was certainly suspicious. It was only towards the last that symptoms of laryngeal spasm were added to those of compression; and this, as pointed out by Dr. Hayden, is the usual order of events.

NOTES OF A CASE OF EMPYEMA.

BY REGINALD G. ALEXANDER, B.A., M.B.,
PHYSICIAN TO THE BRADFORD INFIRMARY.

THE following fatal case presents some interesting features in consequence of the destructive ulceration which took place soon after paracentesis thoracis had been performed, and which destroyed, in several parts of the chest, the intercostal muscles, the pleura costalis, and skin, leaving large holes through which three fingers could easily be passed and the thoracic viscera reached and touched. This state of things lasted for more than a month, with much less constitutional disturbance than might have been expected.

The patient, M. N——, came to consult me in March, 1872, after an illness of six weeks, during which he had complained of anorexia, cough, night-sweats, and loss of flesh. He spoke in a hoarse whisper, and had, in fact, all the symptoms of laryngeal phthisis; but under appropriate treatment (chiefly directed towards improving the general health) he recovered, gained many pounds in weight, declared himself quite well, and continued so until the 18th of December, when, after exposure to cold, he awoke in the night with acute pain in the left side, rigors, and dyspnœa so severe as to prevent him from calling his friends. Unfortunately he did not at first call in his medical attendant, and he only came under my notice on Jan. 11th, 1873, when he complained of pain in the left side and dyspnœa. The left side measured an inch and a half more than the right; the whole lung was dull upon percussion, and there was total absence of respiratory murmur throughout its whole extent. Temperature 101°; pulse 106. Linseed-meal poultices ordered, and a saline diaphoretic with compound tincture of camphor, from which great relief was obtained; but paracentesis thoracis could not be performed as the patient lived in an out of the way district.

Jan. 19th.—A sudden accession of pain with rigors came

on (the symptoms pointing to the formation of pus within the cavity), and distinct fluctuation being felt at a spot two inches to the left of the left nipple and four inches below it, a trocar was introduced (the opening being made valvular), and three pints of pus were discharged, without causing the least faintness, dyspnœa, or other bad symptom. The temperature at the time of operation was 101°, pulse 120, and very feeble. A large quantity of pus was discharged into poultices, and objection was raised to washing out the pleural cavity. Iodide of potassium, quinine pills, and cod-liver oil were ordered. The appetite of the patient and his general condition improved considerably; the cough was slight, with mucous expectoration.

Feb. 2nd.—The patient declared himself better, and could lie on the right side; slight cough; appetite good; temperature 101 2°; pulse 130.

9th.—The discharge continued; patient weak, but appetite good; temperature 102°; pulse 130. The discharge became very offensive, and an ulcerative process commenced, which destroyed the pleura costalis, intercostal muscles, and skin, progressing from within outwards, and ultimately producing several large holes on the anterior surface of the left side of the chest, through which the finger could be easily passed.

March 3rd.—The ulceration advanced; the right leg became œdematous and an enormous size. Ordered warm sponging, a diuretic mixture, and the raised position for the leg.

16th.—The œdema of the leg disappeared entirely; temperature 101°; pulse 130, very feeble and sharp. Ordered wine, milk, eggs, all of which the patient took well.

30th.—Aphthæ in the mouth. Ordered the glycerine of borax, and an acid mixture of dilute nitro-hydrochloric acid with tincture of nux vomica three times a day.

April 3rd.—Aphthæ gone; temperature and pulse high; the holes in the chest-wall increased in size; three fingers could easily be passed into the thorax and the viscera touched. The pus had a gangrenous smell, but the breath was untainted.

7th.—Ulceration extended; *the ribs left bare*, and the cartilages exposed to view; *the lung plainly visible*. The patient ate and slept well, and declared that "but for the holes in his chest" he would soon be well. He began to spit pus. Temperature 102°; pulse 130.

10th.—The tissue-destruction increased; appetite good, but the patient began to despair of recovery.

11th.—Became suddenly worse; intense pain in both sides of the chest and abdomen; possibly perforation of the diaphragm. He died after twelve hours' great suffering. No post-mortem examination could be obtained.

Remarks.—The patient had always a bad aspect, but apparently a strong constitution, and it was a matter for regret that objection was raised to the introduction of a drainage-tube and the frequent washing of the pleural cavity with warm water containing Condy's fluid, &c., which might have prevented the gangrenous ulceration and caused the case to terminate favourably, as in two instances which have subsequently come under my notice. It is curious, however, to note how long a person can live in the sad condition to which this young man was reduced, and the practical deductions to be derived are—1. That there is little risk to the life of the patient, and small amount of discomfort experienced by him, in the operation of paracentesis thoracis, even when performed by a simple trocar and canula in place of the aspirator, and at a point of the chest by no means the seat of election. 2. That the danger of the free admission of air into the pleural cavity has been overrated in its *rapid evil effects* upon the vital powers.

Bradford.

EXCISION OF THE ELBOW-JOINT.

BY WALTER RIVINGTON, M.S. LOND., F.R.C.S. ENG.,
SURGEON TO THE LONDON HOSPITAL.

THE excellent results obtained by Mr. Maunder by the method of operating which he recommends are no doubt correctly attributed by him to preservation of the natural relations of the triceps to the fascia of the forearm and anconeus muscle. The first surgeon who pointed out the advisability of avoiding transverse incisions across the triceps and the fascia appears to have been Dr. R. Hodges, of America, as stated by Mr. Bryant in his work on the Practice of Surgery, and this was some years previously to the inculcation of the same doctrine by my colleague Mr. Maunder. In mentioning this fact I have not the least desire to detract in any way from the credit justly due to Mr. Maunder, for it is probable that but for the greater prominence which he has given to the improvement it might have been confined to a small circle of operators. I think, however, that Dr. Hodges's claim should not pass without some recognition. Other surgeons, too, who have been in the habit of adopting the method of excision of the elbow by a single straight incision through the triceps and fascia down to the bone, have, consciously or unconsciously, retained the relations of the triceps and the fascia, together with the anconeus. In point of fact, the relations could not well be disturbed. It is only where a H- or -H-shaped incision is adopted that this can happen. Even with these methods very good results may be obtained in some cases.

In January, 1872, I operated on a smith, fifty-four years of age, for rheumatoid disease of the left elbow-joint, attended with great infiltration of the tissues of the arm and forearm. The parts were so brawny, thick, and inelastic, at the time of operation, that I was obliged to make a transverse incision through the fascia and triceps on the outside in order to obtain access to the bones. The ultimate result was all that could be desired. The patient could have knocked anyone down by the action of the triceps alone. He was unfortunately nearly blind, and could not follow his occupation. For three years he remained perfectly well. In the spring of the present year he injured the arm, and an attack of inflammation ensued, with formation of an abscess over the new joint. A small sinus at present exists, and the arm is weakened, but the power of extension remains.

In another case, occurring in 1871, in which I had operated by the straight incision, without knowing the particulars of Mr. Maunder's method, the persistence of a sinus after operation led me ultimately to divide the ligamentous union of the bones, with the triceps and fascia, transversely. The sinus closed by granulation, the bones, triceps, and fascia reunited, and the lad had a perfect arm. The case was one of synovial disease of long standing, and the triceps was atrophied before operation. Not many months ago I met the boy in the street, where he demonstrated flexion, extension, pronation, and supination to me, and stated that the limb was in every way as good as its fellow.

I mention these cases (which were shown to the Hunterian Society) to prove that, although it may be better to adopt the straight incision with the precautions insisted on by Mr. Maunder, yet equally good results are obtainable even when the triceps and fascia have been subjected to an additional transverse incision. In only one case have I employed the H-shaped incision. The triceps was atrophied, there were several sinuses, and the patient was so unhealthy that I advised amputation; but as the friends would not consent to the removal of the limb, I practised excision. The ultimate result I do not know, as the patient was sent to the seaside, and I have not seen her since. Under any circumstances, the wasted state of the triceps, which was of a pale yellow colour, would have probably precluded the restoration of extending power. Mr. Maunder was fortunate in meeting with a patient suffering from accident, and not from disease, and therefore with a triceps in a perfect state of efficiency. He was also fortunate in meeting with a patient capable of winning a billiard match. Had either of my patients been similarly gifted, he would have been equal to the occasion. Nevertheless, I fully admit the value of Mr. Maunder's demonstration of the *rationale* of the straight incision, and believe that the straight incision should be practised wherever it is possible to do so.

Finsbury-square.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The second meeting of the session was held at the Royal Kent Dispensary, Greenwich-road, on Friday, November 5th, Dr. J. N. Miller, president, in the chair. Dr. J. Braxton Hicks brought forward some cases illustrating the effects of large doses of quinine in some cases of puerperal fever. The next meeting will be held on Friday, December 3rd, at 8 P.M. precisely, when Dr. Tilbury Fox will read a paper.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

COMPOUND DEPRESSED FRACTURE OF SKULL; PARALYSIS OF RIGHT ARM ON SIXTH DAY AFTER RECEIPT OF INJURY; ELEVATION OF DEPRESSED PORTION OF BONE; RECOVERY WITH USEFUL ARM.

(Under the care of Mr. THOMAS SMITH.)

THE following case, for the notes of which we are indebted to Mr. Edward Milner, surgical registrar, illustrates some of the difficulties that occasionally present themselves during the treatment of depressed fracture of the skull in children without primary compression. The majority of the best authorities agree that in any case of depressed fracture of the skull, but especially when it occurs in children, the proper course to pursue is not to interfere with the depressed portion of bone if there be no symptoms of compression. It will be observed that in the subjoined case the symptoms of compression did not show themselves until the sixth day after the accident. Sudden paralysis of motion and sensation then appeared, and other symptoms of brain-pressure gradually supervened. The line of practice to be adopted was clear. Accordingly, Mr. Smith elevated the depressed bone and let out a quantity of pus and disorganised brain-matter. After this the patient progressed satisfactorily. There is, however, another point of interest in this case—namely, the great and persistent lowering of the temperature in the paralysed limb. As a rule, in such cases the temperature is not more than one or two degrees below normal, and tends to rise to the healthy standard in a few days. In this case the paralysed limb remained about 6° F. below the normal for many weeks.

Edward N——, aged six, a previously healthy boy, was struck on the left side of the head by a heavy piece of wood which had fallen from a third-storey window. On admission on the evening of June 8th, immediately after the accident, he was found to have sustained a contused and lacerated wound of the scalp, about an inch and a half in length, and situated about the level of, but slightly anterior to, the left parietal eminence. At the bottom of the wound a depressed portion of bone could be distinctly felt, the point of a probe being stopped against a distinct ridge when passed over the line of fracture. There was no paralysis of any part of the body. Patient was very sick and somewhat heavy, but quite conscious, and understood everything said to him. There was no bleeding from the nose, mouth, or ear, and only very slight bleeding from the wound. Pupils equal, slightly dilated, and acting readily to light; breathing noiseless, regular, and natural.

June 9th.—Is quite conscious, and understands what is said to him. Has been sick since admission. Is not noisy, but very restless and irritable, and constantly calling out. Had no sleep last night. Pupils equal and acting to light; temperature 98·2°; pulse 78, irregular in force and frequency; respiration 22, natural.

10th.—Restless and irritable, throwing himself about in bed, and constantly crying out. Still very sick; indeed can keep nothing whatever upon his stomach. Slept badly. Bowels not open since the accident. Pulse 96, good volume, more regular; temperature 98·3°; respiration 20. Wound looks well; very free discharge of somewhat offensive pus. To take ten grains of chloral hydrate in an enema.

11th.—Bowels open very freely this morning; still sick, but not so sick as in the previous twenty-four hours; still very irritable and restless, calling out constantly when awake, and throwing off the clothes; pupils equal, acting readily to light, slightly dilated; has kept nothing upon his stomach in the way of food since admission. Respiration 28; temperature 98·4°; pulse 112, regular, but feeble and compressible. To be fed every four hours by an enema composed of two eggs and a pint of beef-tea.

12th.—Very much better; much less irritable; no more sickness. Temperature 99°; respiration 24; pulse 108, much better volume and quite regular. Slept well; bowels open; very free discharge from the wound.

13th.—Much better; slept well after ten grains of chloral hydrate; no more sickness; takes food well by the mouth.

14th.—Slept well; much more quiet, and apparently very much better until 9.30 A.M., when complete paralysis of motion and sensation of right arm suddenly occurred. Up to 9.30 A.M. both motion and sensation had been perfect, for he was seen holding a piece of bread, and also moving a cup of milk with his right hand within a few minutes of that time. The paralysis supervened without the least apparent constitutional effect upon the patient. He was under the observation of the registrar when it occurred, who noticed him using his arm freely, and within five minutes called the attention of the nurse, who was washing the patient at the time, to the fact that the arm was hanging helplessly by the side. Within an hour of the coming-on of the paralysis patient became very much more irritable and restless, calling out constantly, complaining of his head, and hardly keeping the clothes on him for a moment. Face had also become slightly drawn to the right side.

A consultation having been held, Mr. Smith had the patient removed to the operating theatre and placed under the influence of chloroform. He then enlarged the wound with a sharp pair of bone forceps, cut off sufficient bone to make room for the point of an elevator beneath the edge of a depressed portion of bone about two inches long in the greatest diameter. This depressed portion he then, by means of the elevator, brought up to the level of the surrounding skull, letting out at the same time about a drachm and a half of pus and dirty brain-matter. A poultice was ordered to be applied to the wound, and the patient sent to bed.

15th.—No change in condition of arm. Face straight and expression vacant. Has lost all power of articulating words; makes a noise, but cannot form words. Has had no sleep; very restless, constantly calling out and getting out of bed. Is very feeble. Bowels open five times in twelve hours since operation, the motions containing a little blood. Pupils equal, dilated, acting. Temperature 101·1°; pulse 140, very feeble but regular; respiration 36.

16th.—Aspect much improved. Arm still in same state as regards motion, but it gives him some slight pain when pinched. Pupils as yesterday. Bowels open four times in twenty-four hours; motions very loose, but containing no blood. Slept well, and is not nearly so irritable or restless. Pulse 116, regular, but very feeble; temperature 98·3°; respiration 28.

18th.—Aspect and power of articulation much improved, but within the last twenty-four hours the left side of the face has become drawn to the left side, and tongue protruding slightly to the right side. Patient is much less restless. Slept well. Appetite much improved. Bowels open three times in twenty-four hours; motions still very loose.

19th.—Power of articulation much improved. What he says now can be understood fairly well. No improvement in condition of arm. Pupils equal. Bowels opened four times in last twenty-four hours, and still very relaxed. Temperature 98·4°; pulse 114.

21st.—General aspect very much improved. Sensation in arm much better, and he is able to raise the limb for the first time; he cannot move or close the fingers. Bowels open; less relaxed. Temperature 97·5°.

23rd.—Gaining power rapidly in arm; is able to close the fingers so as almost to grasp an index finger. Face remains drawn to the left side as before. Poultice constantly applied to wound, from which there was free discharge. Bowels open once; not much relaxed. Temperature 98·4°; pulse 110.

25th.—Not nearly so well; has been very sick; speech not so clear; less power of movement in the arm; complains of much pain in the head. Bowels opened yesterday, but not to-day. Free discharge from the wound. Pulse 96, very feeble and slow; temperature 97·5°.

28th.—Still very sick; appetite bad; bowels open; expression very vacant. Temperature 98·4°; pulse 114, very feeble, but regular; arm not improved.

29th.—Bowels open very slightly after two enemata of oil. Cheek still drawn to the left; saliva occasionally running from mouth; tongue protruded slightly to the right. Still very sick. To have four grains of calomel on tip of tongue.

30th.—Bowels open very freely. Sick only once since. General aspect very much improved. Appetite better. Arm about the same. Wound looks well; very free discharge; poulticed constantly, and syringed with Condy's fluid and water.

July 1st.—No more sickness; bowels open freely; more power in arm; slept well; takes his food well. Temperature 98·2°; pulse 90, of very much better volume, and regular.

2nd.—Passed a good night. Temperature 98·4°; pulse 94. The arm is gaining power, but is still much colder than the other; sensation is perfect. Wound looks well; discharging freely; treated as before. Bone can no longer be seen at the bottom, being completely covered in.

7th.—Since last note has been gaining power slowly in the arm, but it is becoming more rigid; the flexors are gaining over the extensors of the forearm, and the hand is constantly closed, the fingers being extended by patient only with the greatest difficulty. The right arm is 6° Fahr. colder than the left. The left pupil was noticed to be slightly more dilated than the right for the first time to-day; both act readily to light; face is still drawn to the left as before. Temperature 98·2°; pulse 104, quite regular and of good volume.

14th.—Less rigidity and more power in the right arm; fingers easily extended; noticed to be slightly deaf in the left ear; arms have the same relative temperature as before; very little discharge from wound. Water-dressing applied. Temperature 98·4°. Sleeps and eats well.

20th.—Wound all but healed; patient allowed up; deafness on left side slightly increased; face still drawn to the left side as before; tongue protruded straight. Slowly gaining power in the right arm.

27th.—Wound completely healed. Allowed in the hospital square daily. Has no pain in his head; sleeps and eats well; arm is gaining strength; fingers readily extended. Right arm wasted, being much smaller than the left, and there is still a difference of 6° F. in temperature against the right arm. Speech quite clear; deafness about the same; and the face is still drawn to the left side.

Aug. 12th.—Patient discharged to-day, with the wound in the head completely and soundly healed. Face still drawn to the left side; tongue protruded straight. Left pupil slightly more dilated than the right; both pupils acting freely and readily to the light. Still deaf in left ear, and this deafness is slightly increasing. The left arm is larger than the right, and is warmer by 5·6° F. There is very good use and movement in the right arm and hand, he is able to button his coat with it, and the strength in it is still improving. Speech has perfectly returned, and he swears with great volubility. He seems rather stupid for his age, and his mother does not think him so bright as before the accident. He has had during the last fortnight three most violent, almost maniacal, outbursts of temper.

CHRISTCHURCH (CANTERBURY, NEW ZEALAND) HOSPITAL.

STRICTURE OF THE URETHRA; DILATATION; CURE.

(Under the care of Mr. COURTNEY NEDWILL.)

IN the "Mirror" of Jan. 23rd there is a series of seven cases of stricture of the urethra treated by Mr. C. Nedwill on the immediate dilatation plan. Subjoined is another series of six cases.

Nos. 6 and 7 of the former series have presented themselves for examination since the report. In February a No. 12 bougie was easily passed in No. 6 case, and in July last, without the slightest resistance, the same sized instrument was introduced in No. 7 case, an interval of six months having elapsed since the previous trial.

CASE 8.—R. P——, aged twenty-eight, labourer, was admitted into the hospital on Oct. 17th, 1874, with stricture of the urethra, about the beginning of the membranous portion, from which he has been suffering for seven or eight years. Four years ago, he says, an abscess formed in the perineum, leaving a fistula through which urine escaped for two months. A No. 4 bougie only could be introduced through the stricture on his admission, but by the 23rd Sir H. Thompson's dilator was used. On the 29th a No. 12 bougie passed freely, and again on Nov. 24th, and the patient was completely relieved from all his symptoms.

CASE 9.—J. F——, aged thirty-nine, a cook, was admitted into the hospital on Oct. 27th in a very weak, emaciated condition. Had tried to commit suicide before admission on account of suffering much pain, and having great difficulty in passing water. The urine was loaded with albumen. A stricture of the urethra was detected at the bulb, through which only a No. 3 bougie could be passed into the bladder. Mr. Nedwill gradually dilated every second or third day until a No. 8 was used, but the difficulty in introducing this sized instrument was so great that nothing more was done just then, as there was so much albumen still in the urine. The patient was kept in the hospital till about the 1st of January, 1875, when, finding the albumen had very considerably diminished in quantity, and the stricture had contracted, Mr. Nedwill determined to use Sir H. Thompson's dilator. The patient never had a bad symptom afterwards, and was discharged cured on Jan. 26th, a No. 12 bougie passing easily into the bladder.

CASE 10.—G. S——, farmer, aged forty, admitted on Dec. 5th, 1874, with stricture of fifteen years' standing, about two inches from the orifice of the urethra. A No. 3 bougie only could be passed on admission, but in a few days Richardson's dilator was used. A No. 12 catheter was left in the bladder, and the man had never a bad symptom afterwards. At the end of March last a No. 12 was passed with ease, and again about Aug. 26th, 1875.

CASE 11.—W. G——, aged twenty-three, applied for relief of retention of urine on the 15th January, 1875. For two years past he had had great difficulty in urinating, and his health was becoming seriously affected. A warm bath and the sedative solution of opium were ordered, and afterwards, notwithstanding the most patient attempts, no instrument could be got through the stricture beyond the bulb. During the night the patient had repeated doses of opium and several baths, but failing on the following day to reach the bladder, Mr. Nedwill sent the patient into hospital with the object of aspirating the bladder, which he did, and drew off two quarts of offensive urine. Next evening fresh attempts were made to pass a bougie, but in vain, so that the aspirator was used again. After using several No. 1 catgut bougies, Mr. Nedwill cut the end off a very small No. 1, and passed right down to the point of it a fine wire. With this bougie he managed, after nearly half an hour's steady pressure, to get it engaged so much in the stricture as to give to the hand the sensation of its being stuck in wax. It was left in for fifteen minutes, and then, after steady continuous pressure, kept up for about twenty minutes, Mr. Nedwill had the satisfaction of feeling it pass into the bladder. Without this wire it is certain no bougie ever yet made could have been passed; the wire gave it just enough rigidity to allow of a continued pressure being kept up. This bougie was tied in the bladder for twelve hours, and on its withdrawal a No. 3 went in easily. In a few days Sir H. Thompson's dilator was used. From this date until August 26th, 1875, a No. 12 bougie had been passed on several occasions without difficulty. It should be mentioned, that for several weeks after the operation this man was in a very critical condition. He passed during this time large quantities of blood and pus, and although the stricture is now apparently quite cured, the patient still suffers from an irritable bladder.

CASE 12.—R. T——, a sailor, aged thirty-two, admitted on April 28th, 1875, with stricture of urethra. Has had difficulty in passing water for nine years, with occasional attacks of complete retention. A caustic bougie, which was said to have been followed by temporary relief, had been used some time before. He soon relapsed, however, and on admission, as no instrument could be passed, and as the bladder was very considerably distended, the bladder was aspirated above the pubes, and three pints of urine drawn off. The next day he passed urine in a very small stream, almost guttatim. For three weeks Mr. Nedwill was unable,

in spite of repeated attempts, to get an instrument through the stricture, which was about the junction of the bulbous and membranous portions; and during this time he had a hot bath night and morning, which enabled him to pass his urine with somewhat less difficulty. At length a No. 1 elastic bougie was introduced into the bladder, and on its withdrawal after twenty-four hours a No. 3 was passed with ease. A severe shivering fit, however, coming on, no more instruments were passed for a week. On several occasions afterwards Mr. Nedwill failed in getting through the stricture, and rigors followed these attempts so frequently that the patient was put under chloroform, and Sir H. Thompson's dilator was forced through the stricture, the finger being kept in the rectum to guide the instrument. A No. 12 silver catheter was passed, but had to be taken out a few hours afterwards on account of rigor. Next day the patient looked very ill, temperature 104°, and complained of a feeling as if he "had been hammered all over." Quinine in ten-grain doses was administered night and morning, and the man made a good recovery. Discharged July 10th. Since discharge a No. 12 catheter has been passed.

CASE 13.—W. J——, aged thirty-three, a sailor, admitted on June 11th, 1875, with hæmaturia and history of stricture. A No. 4 bougie was held firmly in front of the bulbous portion of the urethra. After a fortnight's residence in the hospital, as there was no albumen in the urine, a No. 4 bougie was used with difficulty. This, however, was followed by rigor and constitutional disturbance. Quinine having been given for some days, Sir H. Thompson's dilator was passed through the stricture; but on its withdrawal a No. 10 catheter only could be introduced. Rigor, very high temperature, and a sharp attack of orchitis followed. Quinine was administered freely, commencing with a ten-grain dose, followed by two grains and a half every four hours. A few days before the patient's discharge—convalescent on the 5th of August—a No. 12 bougie was passed easily. Again a severe rigor followed, but no further ill effects.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

AT the ordinary meeting of this Society, held on the 16th inst., the President, Mr. G. Pollock, in the chair, a very large number of specimens (many of them of great interest) were shown. Among them we may specially indicate a remarkable case of Embolism of the Pulmonary Artery, shown by Dr. Fagge; a specimen of Tubercular Lupus of the Tongue and Palate, by Mr. Fairlie Clarke; and two interesting examples of Congenital Malformation of the Œsophagus, due to the arrest in development of the anterior part of the alimentary canal, the pharyngeal portion not becoming blended with the lower end of the tube; the case formed thus a parallel to the more frequently occurring condition of atresia ani.

Mr. Marcus Beck and Dr. Coupland were nominated auditors.

The following gentlemen were elected members of the Society:—W. M. Ord, M.D., H. Royes Bell, F.R.C.S., H. Hugh Clutton, F.R. Cross, J. P. Irvine, M.D., J. B. Jessett, F.R.C.S., E. E. Noel, M.D., and H. A. Lediard, M.D.

Mr. MAUNDER exhibited a specimen of Cancer of the Male Breast, which had been removed from a patient forty-two years of age. It commenced with soreness and ulceration of the left nipple, and on removal the tumour, which appeared to be scirrhus (but it had not been examined microscopically), was of the size of a Tangerine orange. The patient also was present, and, although eighteen months had elapsed, it could be seen there was no recurrence in the scar. An enlarged gland in the axilla existed at the time of operation. The specimen was referred to the Morbid Growth Committee.

Dr. GOODHART showed a recent specimen of Insular Sclerosis of the Brain and Spinal Cord, taken from a female patient who had for some time past shown the characteristic symptoms of the disease—viz., spasmodic movements of the limbs and head, increased by effort, nystagmus, staccato speech, without impairment of sensibility, electromotility, &c. Two days before death, which took place from pneumonia, there was paralysis of the palate. The white matter of the brain and cord presented numerous patches of sclerosis.

Dr. COUPLAND brought forward a recent specimen of Ulcerative Endocarditis, which presented a good example of so-called aneurism of the mitral valve. The left side of the heart was dilated and hypertrophied, and projecting upwards into the auricle was a pouch, the size of a bean, formed by a protrusion of the auricular surface of the anterior mitral cusp. The ventricular surface of the cusp showed an ulcerated hole near to the attached border of the valve, large enough to admit the tip of the little finger, leading into the aneurism, which was filled with fibrine. The remainder of the valve was quite natural, but the aortic valves were thickly covered by vegetations, the central cusp being widely perforated. There were two infarctions of old date in the spleen, one of great size. The specimen was obtained from a male patient, forty years of age, who had been six days in hospital. The symptoms, which were chiefly those of præcordial pain and cardiac dyspnœa, were of five weeks' duration. There was no history of rheumatism. Dr. Coupland remarked upon the formation of aneurism of the mitral valve from ulceration on the ventricular surface, and inquired whether in most cases this was not secondary to the disease of aortic valves.—Dr. HILTON FAGGE pointed out the effects of friction on the endocardium as productive of local endocarditis, a fact first observed by Dr. Hodgkin, and insisted on by Dr. Moxon, who some years ago showed specimens in favour of this view. Did the vegetations on the aortic valve in the present case come in contract with the mitral at the seat of ulceration?—Dr. COUPLAND said that it was just this question of friction from the aortic vegetations on the mitral valve that he wished to raise when he asked whether the lesion on the latter could be considered secondary to the aortic disease. That such was the *modus operandi* in the present case was very likely, seeing that there were two erosions on the mitral valve, above the large ulceration, which would have come in contact with the aortic vegetations. But these vegetations were not long enough to reach the site of the aneurism, although the existence of the splenic infarction was presumptive evidence in favour of their having done so at an earlier period.

Dr. CRISP exhibited a specimen of United Fracture of the Humerus from a Gorilla, remarking that it was of interest as showing how completely union had taken place. He also showed several specimens of Rickets in Pheasants which had been reared under hens, and thus under artificial conditions. The long bones were greatly distorted and wanting in ossific material, their ends being enlarged. The skull and spine were not much affected.

Dr. FAGGE showed an interesting specimen of Embolism of the Pulmonary Artery obtained from a patient who had died of enteric fever under the care of Dr. Mumford. Death occurred in the fourth week of the disease, with symptoms of dyspnœa, following an attempt to get out of bed. The ulcers in the intestines were in process of cicatrisation, some presenting adherent sloughs. The lungs were engorged. The valves of the heart were healthy, and the organ contained gelatinous decolourised clot. The base of the pulmonary artery was filled by loose black coagulum, but lying across the vessel at its bifurcation was a clot which at first seemed as if it were made up of four distinct cords twisted on one another. It was really a long cylindrical clot folded upon itself; it bore no marks of the valves upon its surface. The cava, iliac, and femoral veins were empty. Dr. Fagge supposed that the long clot in question came from one of the femoral veins, had become detached and washed off into the pulmonary artery, and then folded up across the main division of the vessel. There had been no signs of thrombosis in the leg, so that it was probable the detachment had occurred close upon the formation of the clot.—Dr. CRISP thought the view held by Dr. Fagge should be received with caution.

Dr. FAGGE showed two specimens of curious Pouches from the Ileum, which he proposed to call "distension diverticula." The first was obtained from the body of a

emale who died with symptoms of acute strangulation. Gastrotomy had been performed, and a small knuckle of ntestine was found lodged in the right femoral ring. At one part of the intestine there was a pouch projecting between the folds of the mesentery. The second case presented two or three similar diverticula, but there was no history of obstruction in this case. Dr. Fagge suggested that these diverticula were produced by distension of the bowels, leading to a protrusion of the mucous membrane, and that their presence indicated previous intestinal obstruction. The diverticula showed no tendency to return after the intestines were opened.

Dr. BARLOW exhibited a specimen of Tubercle of the Pancreas. He remarked on the existence of this affection being either denied or ignored by most writers on morbid anatomy. It is, however, mentioned by Foerster and Friedrich, but chiefly in the form of cheesy nodules or cavities, and its existence in acute miliary tuberculosis has been denied by Klebs. The specimen shown confuted this latter view, since it was an instance (a child aged one year and eleven months) in which pale white granulations, the size of a pin's head, occurred in the pancreas in a case of general tuberculosis, granulations occurring in the lungs, kidneys, ureter, bladder, and peritoneum. Microscopically the structure of the nodules was that of tubercle, becoming caseous in the centre.

Mr. MARSH showed a specimen of Osteo-Sarcoma of the Superior Maxilla which he had removed from a boy fourteen years of age. The disease had been in progress for six months, and when seen there was a swelling on the face just above the bicuspid teeth; it did not involve the hard palate. Exploratory puncture showing it to be a new growth in the antrum, Mr. Marsh removed the whole of the superior maxilla, which was done with facility, it not being found necessary to prolong the incision along the orbit. Mr. Butlin had examined the tumour, and pronounced it to be an osteo-sarcoma. Mr. Marsh referred to another case of sarcoma of the antrum in a child which he had removed by scooping a short time ago. There had been no return.

Mr. FAIRLIE CLARKE showed a specimen of Tubercular Lupus of the Tongue, Soft Palate, and Gums. The patient was a bricklayer eighteen years of age, who had been under the care of Mr. Teevan at the West London Hospital. There was no family history of phthisis or syphilis. The whole of the buccal mucous membrane was thick, velvety, and infiltrated; there was a large ulcer on the left side of the tongue, and the whole of the soft palate had ulcerated away. The salivary glands were considerably enlarged, but there was no implication of the lymphatics. Dr. Sparks and Mr. Butlin reported that there was an infiltration of small round cells in the submucous tissues. It was singular in there being no ulceration of the skin, lupus affecting a mucous membrane primarily being very rare. A few cases of tubercular ulceration had been put on record, chiefly by continental writers.—To a question put by the PRESIDENT as to whether the soft palate had cicatrised, Mr. Clarke replied in the negative.—Dr. FAGGE alluded to one case of tubercular ulceration of the tongue which he had examined. The floor of the ulcer was covered by yellowish grains, as in "tubercular" ulcers of intestines. He recalled another case, in which tubercular ulceration of the larynx had invaded the soft palate.—Mr. MARSH said that several years ago tubercular ulceration of the tongue had been described by Sir James Paget.—Dr. GOODHART inquired whether the patient died of phthisis?—Mr. SPENCER WATSON, acknowledging the rarity of primary lupus on mucous membranes, said that he had met with it on the nose; it was then a form of erythematous lupus.—Mr. CLARKE, in reply, said that the patient did not die from phthisis, but from the local mischief.

Mr. MAUNDER showed a Fatty Tumour from the Axilla of a Male, which before removal simulated a greatly enlarged mamma.

Dr. GOODHART showed a specimen of Hydatid Disease of the Heart from a male subject who, up to the time of his death, which occurred suddenly, had been apparently in perfect health. The pericardium was much thickened; its chamber contained from three to four ounces of pus, which had apparently proceeded from an old hydatid cyst lodged in the septum ventriculorum. The cyst bulged into the ventricle. Numerous hooklets and much membrane occurred in the cyst, the suppuration of which had caused the patient's death.

Dr. DOWSE showed a specimen of Syphilitic Growth in the Posterior Cerebral Sinuses. The patient, a male, thirty-nine years of age, suffered from headache, diplopia, vomiting, earache, and otorrhœa. There was neuro-retinitis, but no paralytic symptoms. Over the right frontal eminence there was a depressed cicatrix, from which necrosed bone had come away. The outer surface of the cranium was much nodulated; the dura mater was adherent posteriorly to the brain, and the sinuses terminating in the torcular Herophili were all found to be occupied by a growth having the character of granulation tissue. The disease was more advanced in the right than in the left side.

Dr. DOWSE also showed a specimen of Glio-Sarcoma of the Brain, from a case in which the symptoms commenced two years before death with right-sided convulsions. The patient had a peculiar gait, as if he wanted confidence; it was not ataxic, nor that described as characteristic of cerebellar disease, and it was shown rather in slow than in rapid progression. Intellect was clear; sight good. The optic discs were hazy. There was complete absence of paralysis. Death was preceded by a series of epileptiform fits. At the autopsy a soft pink-coloured mass was found on a level with the corpus callosum replacing the anterior part of this structure. The growth was cone-shaped, the base being directed forwards upon reaching the pineal gland, and it adhered slightly to the corpora striata. It was composed of round, oval, and spindle cells imbedded in fibrous stroma, and in parts presented calcification. It arose probably from the choroid plexus.

Dr. GOWERS exhibited a specimen of Glioma of the Brain. The tumour, which showed well the infiltrating character of such growths, was situated beneath the left superior parietal lobule, the convolutions being continued over it. It appeared on the surface at the lower part of the lobule, and was seated mainly in the middle of the radiating fibres of the corpus callosum, reaching to the roof of the lateral ventricle. Microscopically it was made up of minute fusiform and angular cells, with fine filaments constituting the matrix. The patient had been the subject of complete right hemiplegia for two months before death, and of *slight* right hemiplegia for two months before that. Each attack of paralysis came on suddenly. During the last six weeks of his life he had several convulsive seizures, the movements preponderating on the left side, which in the last few days of life became paralysed too. There was double optic neuritis. The hemiplegia was probably due to the involvement of the fibres of the corpus callosum, which would explain further the extension of the paralysis to the left side. Dr. Gowers pointed out that the sudden onset of the hemiplegia was interesting, together with the absence of any convulsions in the early progress of the disease. The patient had some loss of memory for words, but no actual aphasia.

Mr. MARSH showed for Dr. Ilott two specimens of Malformation of the Œsophagus. In each case the pharyngeal end of the gullet formed a cul de sac, a little below the cricoid, while the remaining portion of the tube ended in the trachea at its bifurcation. One of the specimens was from a child born at the eighth month, which survived four days; the other, born at full time, died in a week, some of the food getting into the air-passages. The malformation was obviously due to arrest of development. Mr. Holmes had questioned whether in such cases operative measures could be taken to restore the continuity of the tube, but the great depth of the structures would render it very difficult.—Dr. ILOTT, in reply to Mr. SMITH, said that the children were born of different mothers. One of them also presented a malformation of the vessels of the neck, the right subclavian artery being given off last from the arch of the aorta, and passing behind the trachea; and the two carotids coming off from a common trunk.—The PRESIDENT said there was a preparation in St. George's Hospital museum of a pouch-like expansion of the œsophagus, with no constriction below it. It had existed for years, and its presence was recognised during life.—Mr. DORAN also alluded to a specimen at the Royal College of Surgeons, which had occurred in a high dignitary. It had given rise to much dysphagia.—Mr. WAGSTAFFE referred to a similar case related in a recent number of the *Journal of Anatomy*.—Mr. ILOTT said his cases were purely congenital malformations, the pharynx ending

blindly, but the mouth being in direct communication with the trachea and lower part of the œsophagus.

Mr. CLEMENT LUCAS showed the Air-passages after Tracheotomy, obtained from a child who had swallowed some boiling water. He had brought the specimen as it illustrated a method of operating which might sometimes be had recourse to—viz., direct incision through soft parts and trachea at the same time. No chloroform was administered. There was but little bleeding, and no difficulty in introducing the tube.—In reply to Dr. MURCHISON, Mr. LUCAS said there was no membranous exudation on the larynx, but much puckering of the glottis; and in answer to Mr. T. SMITH he said it was the first time he had so operated.

The Society then adjourned.

CLINICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society took place on Friday, Nov. 12th, Mr. Callender, Vice-President, in the chair. There was a large attendance of members of the Society, and much interest was taken in the debate, which was generally supposed to be a continuation of the debate on antiseptic surgery which had been adjourned at the last meeting. Previously to the reading of Mr. Holmes's paper, Sir Thomas Watson, Bart., and Dr. C. J. B. Williams, F.R.S., were nominated honorary members of the Society.

Mr. HOLMES read a paper "On a case of Ligature of the Femoral Artery with Carbolised Catgut for Popliteal Aneurism." Referring to the previous meeting, he said that in the discussion on the antiseptic method then introduced, the remarks of surgeons present indicated a great uniformity of opinion that the care in dressing, the cleanliness, avoidance of the introduction of foreign bodies, especially those of a putrefactive nature, constituted the great advantages of that method. Now there was no doubt that ligatures applied to vessels act as foreign bodies, and thus hinder the closure of the wound, and that silk ligatures especially imbibe septic matters; but it seemed to him that Sir James Simpson greatly exaggerated these evil effects, and laid too great a stress on the necessity of avoiding them when he was endeavouring to introduce the methods of torsion and acupressure. The catgut ligature was beneficial from the fact that it avoided these objections, and aided primary union. He would not, however, go into the subject of the use of this ligature on free surfaces, such as stumps, but only into its application in the continuity of vessels. He would not deny that catgut was not always absorbed, but that it was sometimes absorbed there could be no doubt. He had had no large experience in the use of catgut for tying large vessels in their continuity, but the case to be related would serve to evoke discussion, and elicit the opinion of surgeons on the subject. The use of the catgut ligature and of the carbolised catgut ligature were two different things. Sir Astley Cooper, Cradbourne, and Porta had all used the catgut ligature frequently with varying results. Sir A. Cooper's results were at first favourable; subsequent failures, however, induced him to give it up. Porta's experience was of a somewhat similar character. On the other hand, those who have used carbolised catgut claim to have obtained good results. Mr. Annandale states that its use removes all the ordinary dangers of ligature of arteries. Mr. Oliver Pemberton had also recently published a case in which the result was good, and had confidence in it without the use of antiseptic dressing, believing that it was a security against all ordinary risks. Mr. Holmes's experience was limited to four cases. In the first he tied the subclavian and the carotid for aortic aneurism; he tried to use antiseptic dressings, but the patient was too restless; the wound suppurated, but closed readily, and no part of the ligature came away. The man died eight weeks afterwards from the effects of galvano-puncture. The vessels were found to be closed only by a kind of diaphragm. Two minute pouches filled with blood-clot were found in the cellular tissue, outside the carotid, the coats of the vessel having been slightly cracked, but neither was divided, and there was no danger of secondary hæmorrhage. The third application of the ligature was in the case read to-day. It was of interest from the cause of death, the patient having died precisely seven days after the operation. The knot of the ligature was found, the rest was absorbed, and the vessel was not cut. In this case free suppuration occurred, although the wound was dressed antiseptically. The patient's death was due to extreme intoxication, and the suppuration doubtless owned the same cause. The fourth case was one of distal ligature of the left carotid for aortic aneurism, in which he tied the vessel twenty-two days ago with carbolised catgut, without the antiseptic dressing, simply covering the wound with cotton-wool after the operation. This was left some days undisturbed, but on removing it, some pain having been felt, pus was found pent up behind the wound, but at the present time it was not in an irritable condition. No trace of the ligature could be found. The results were inconclusive. In none of these cases was the antiseptic method used throughout; in those cases in which it was tried it did not succeed, in others it was not tried. The results were favourable in so far that secondary hæmorrhage was avoided, and union by first intention favoured, which is impossible with the silk ligature. He thought that carbolised catgut was proved to be useful in cases of aneurism, and that the good result was favoured by drainage and by Lister's method. The great disadvantage of Lister's plan was the amount of *moisture* necessitated in the operation. He did not see why washing the wound out after the operation with carbolised lotion, and thus eliminating any chance germs, should not do as well as using spray, &c., which confused the view of the parts, and made it necessary to disturb and pull them about more than was advisable.

The case was that of a man thirty-four years of age, footman to a nobleman, and no doubt of drinking habits, as discovered afterwards, who was admitted on June 9th with a small popliteal aneurism. He had had good health; no syphilitic history. Five days before admission he noticed a swelling of the left foot and ankle, having previously had aching pain, as if the knee were tired, for three weeks. The pain increased by sitting down or by extension of the leg. On admission he was pale and of delicate look. There was a small swelling in the lower part of the popliteal space; there was no bruit and no thrill, but expansile pulsation, rather as if there were a saccular dilatation than an aneurism. Slight pressure on the femoral sufficed to check the pulsation; flexion of the limb, which was tried, only increased the pulsation. Digital pressure was tried and carefully maintained by the students for twenty-two hours continuously; then, after an interval of twenty-four hours, it was kept up for six hours a day for three days; then pressure by a weight twelve hours a day for four days; and then digital compression again; then mechanical pressure was tried, but without success. Finally ligature of the femoral was performed on Aug. 12th with carbolised catgut. The wound went on well for four days, slight pain occurring for two or three days in the course of the saphena vein, a branch of which had been cut during the operation, but this soon subsided. On Aug. 15th Mr. Holmes left town, the patient then being in a good way; but returning on the 18th, was astonished to hear of his death. He had gone on well till the 16th, when a friend smuggled in two bottles of gin. In the evening he was found in a state of furious alcoholic delirium, having drunk one of the bottlesful. From that time he rapidly sank, being in a condition of high traumatic fever till his death. No post-mortem could be obtained, but the artery was taken out. The vessel was found to be continuous, and only the knot of the ligature remained; there was suppuration around it and in the groin. The aneurismal sac was filled with a dark coagulum, but in the rest of its course the vessel was healthy. There was no gangrene, but the integuments over the heel were observed to be hard, dry, and of dark colour. The wound had been dressed on the carbolic method under spray, although the latter was not used during the operation. There was no œdema, no swelling, and no tendency to suppuration.

Mr. Holmes stated that he was unwilling to operate on account of the small size of the aneurism and its quiescence so long as the patient kept in bed, but the pain in walking and other symptoms led to the belief that a serious result would ultimately ensue. Esmarch's bandage had not been

tried; if he had seen a recent paper on its use in these cases, he would certainly have given it a trial. No irritation was set up by the catgut ligature about the artery; the condition was quite different from that seen in ordinary ligature. But for the drinking, he believed it would have been absorbed, and the artery obliterated without any bad result.

Mr. CALLENDER said that the subject before the Society was one of importance to all practical surgeons, involving as it did the whole question of ligature of an artery in its continuity in cases of aneurism. The question raised by Mr. Holmes was how far carbolised catgut was applicable for ligature in such cases.

Mr. MAUNDER said that he had had some experience of the ligature of arteries in their continuity, having done it in twenty-seven cases. Of these the antiseptic ligature was employed on nine occasions, but catgut only five times. He would, therefore, confine his remarks to these five. The first two were ligature of the brachial, which was done in two cases for hæmorrhage from the hand; in these two the wounds both suppurated. One was in the hospital a long time, with the wound suppurating, and recovered, and the other died of pyæmia; in the latter the inner coats of the vessel were found to be divided, a clot was found on the distal side of the ligature, but none on the proximal. No ligature was found, the patient having died on the tenth day. In two other cases he had tied the femoral for popliteal aneurism; of these one was a spare man, thirty years of age, in whom he tied the vessel at the bottom of Scarpa's triangle, and primary union occurred in a few days. The man died six months later of internal aneurism. The second case was of a man forty years old, with much subcutaneous fat, ligatured in the same way. In this case he did not use the spray, as it frightened him, but carbolised water was used as a lotion, and his fingers and those of his assistants were dipped in the same. There was free suppuration of the wound for some time, but ultimate recovery. It was curious that these results should be in such contrast. The fifth case was one of ligature of the subclavian for axillary aneurism, carbolised catgut being used, but not the spray. He allowed Mr. Cooper to use antiseptics after the operation. The patient died on the sixth day with diffuse suppuration in the chest. In only one case, therefore, out of five, did primary union occur, and he believed that in that case it would have occurred independently of the carbolised catgut. In other cases silk was used, one after Lister's method, and in that the wound healed in ten days almost by first intention. The specimen was shown recently at his Lettsomian Lectures; the ligature was found still on the vessel. He had also used it in two other cases of aneurism. Hitherto he had used carbolic acid with good success, and he should continue to use it until some unfortunate accident, such as had occurred to other surgeons, led him to give it up. Mr. Holmes's results could not be considered successful. In answer to subsequent inquiries, Mr. Maunder stated that in the first case of ligature of femoral the ligature was not found, but the vessel was obliterated as far as the popliteal. In the case of subclavian ligature, the ligature remained on the vessel, which was occluded.

Mr. BARWELL remarked that the question seemed to be, Will the catgut ligature melt away and be absorbed? He had seen a case in which this had occurred. The fact of free suppuration in Mr. Maunder's cases was not at all derogatory to the merits of the carbolised catgut ligature. He himself had used the catgut ligature many times in the case of stumps, but in only one case did it come away with the discharge. As to the ligature of arteries in their continuity, he had tied the radial and brachial and both facial, making in all four such operations. Both the facials were tied in a case, exhibited to the Society last year, of hypertrophy of the lower part of the face; in that case each artery was ligatured in two places, and the vessel cut between. Although there was a severe attack of erysipelas, the wound only suppurated slightly, and no ligature came away. In the case of the brachial the wound suppurated; in that of the radial it healed by first intention. But the fact of suppuration occurring did not affect the question of ligature by catgut. If we could avoid cutting through the artery, and the occurrence of secondary hæmorrhage, and more especially of suppuration around the vein, the advantages gained would be sufficient. One practical point of importance was, that the catgut should not be allowed to get dry before the operation.

Mr. MYERS gave his experience in the most important case he had treated in this way,—that of a man who had aneurism of the external iliac artery. After all other means had failed, he ligatured the external iliac, putting on two ligatures, and then closed the wound; there was considerable suppuration, though not from the effects of the ligature. The man did well and was cured, and is now doing duty in his regiment. The ligature did not come away with the discharge, and the suppuration appeared to be due to the fact that the man was syphilitic and an unhealthy subject.

Mr. GASCOYEN said he had seen three cases in addition to the one just related by Mr. Myers. Two of them were of the femoral, one of the brachial. One of the cases of femoral did badly; it was that of a girl in the Lock Hospital, under the care of Mr. Lane, in whom the vessel was exposed by a sloughing bubo. There was severe inflammation and secondary hæmorrhage, which was twice repeated, and proved fatal on the second attack. No ligature was found on the tenth day. Of two other cases, one was of hæmorrhage from a popliteal aneurism in a heavy drinker. Here the femoral was tied with catgut, using all precautions, but without the use of antiseptics. The wound remained open for six weeks, a part of it uniting by first intention, but a small sinus being left, from which at last something came away, and the wound healed. The other case was one of popliteal aneurism, in which the femoral was tied, the subsequent course resembling that of the previous case, something coming away at the end of six weeks. He did not think that this something was the ligature, but a sloughing caused by the bruising of the external coat of the artery.

Mr. MARCUS BECK observed that in nearly all the cases which had been mentioned in the discussion the result was that the wound was not in any more favourable condition than it was under the old method; but seeing that the whole of the details of Lister's method of dressing were systematically neglected, this was not surprising, and it was not fair to consider these cases as having any relation to Lister's method. Lister had always held and stated that in a few hours after the ligature there was no trace of carbolic acid left in the wound, and hence there could be no reason why suppuration should not occur. The catgut ligature was as ready to decompose as any other substance, so that probably the result in most cases was that it decomposed and the artery sloughed, the result being the same as with the ordinary ligature. He had not had any experience of ligature of vessels in their continuity, but in cases where vessels were tied in a wound treated antiseptically the result was good; there was no suppuration and no discharge. But he should not suppose that it was of any use when employed in other ways. As to the question of the ligature melting away, he had seen a case in which, after six or seven days, the ligature remained intact. But if the wound were treated in the ordinary way, the mass of putrid catgut in the wound would set up suppuration. Lister had not had any case of secondary hæmorrhage among his cases.

Dr. MURCHISON remarked that he did not understand that Mr. Holmes had brought forward his case at all with the object of discussing the antiseptic system. He believed it was a well-known fact that Syme ligatured the femoral twenty-five times in succession, using the ordinary silk ligature, without antiseptics, and every one of the cases did well; he had no bad result. He had himself assisted Syme in one of these operations.

Mr. HERBERT PAGE said he had only had occasion to tie the femoral in its continuity on one occasion, and then he made no attempt to use the catgut ligature; there was free suppuration, but the result was good. He had used catgut in other cases, but he questioned whether it was not rather the way in which the vessel was tied than the material used which affected the result; quoting a saying of Prof. Humphry's, that secondary hæmorrhage was usually due to the fault of the surgeon. If he was not mistaken, Lister said that the catgut yielded very soon.

Mr. CHRISTOPHER HEATH thought that it was obvious from the remarks made by previous speakers that the catgut ligature behaved differently under different circumstances, and probably this was due to the difference of the surgeons. In the first place, the amount of force to be used is

difficult to judge, on account of the elastic and yielding nature of the catgut. The source of the secondary hæmorrhage was, probably, that the artery was cut. In the first case in which he employed it, one of ligature of the carotid for aneurism of the aorta, three years ago, the patient was still living and in good health. After the ligature the wound was closed with cotton-wool, and at the end of a week it closed. The second case was one of secondary hæmorrhage after amputation, for which the femoral was tied in Hunter's canal, on account of the risk of moving a tourniquet; suppuration followed, and the patient died seven days afterwards. The ligature was found *in situ*, and there was clot on both sides of it. The condition of the patient had probably much to do with the result of the operation, especially as to the occurrence of suppuration. He had twice, since this, used this method of ligature; once on the carotid for aortic aneurism, the patient dying on the same day from the immediate effects in the brain. The last case was one of femoral aneurism in a medical man who was present. In that case, pressure having only the effect of reducing the health, the vessel was tied; free suppuration occurred, but the wound healed, except in a small track, from which something came away at the end of eighty-two days. This operation was in February last, and the aneurism, which was of moderate size, had quite disappeared.

Mr. MAUNDER, in reference to previous remarks, said that the nine arteries were all tied on Lister's method, with the exception of the use of the spray; and as to some of the cases which occurred in 1868, the spray was not introduced at the time. If spray was needless then, why should its use be so necessary now?

Mr. BECK replied that in 1868 Lister's method was not nearly perfected. He saw and took notes of cases in Mr. Lister's wards in Glasgow in 1868, and the number of successes was much smaller and the dressings much more clumsy than now. At that time, in Mr. Lister's own practice, decomposition was prevented in only 30 per cent. of the cases.

Mr. MACNAMARA had not had large experience in the method, having only used it in four cases. In one case of ligature of the brachial with Lister's method of dressing there was no suppuration, and a good result followed. The second case was one of the carotid and subclavian for aneurism, which did well till the tenth day, when there was sudden hæmorrhage and the patient died. The third, one of the femoral for wound, the antiseptic system being thoroughly employed, did well; there was no suppuration, and recovery was rapid. In the fourth, a case already published in THE LANCET and in the *Indian Medical Gazette*, the antiseptic system was not fully carried out, but the patient did well. In these cases, he thought, it was important to attend to the mode of preparation of the catgut, which, if left long in carbolised oil, was apt to get brittle and less elastic. It should be kept in cod-liver or some other fish oil.

Mr. HOLMES, in reply to Mr. Beck, said that he had endeavoured to state clearly that he was not talking of Lister's method. In the first case Lister's treatment was used, but its application was not maintained, and in the second the extreme intoxication and restlessness of the patient prevented its success; in the third it was not tried. He fully agreed with Mr. Beck as to the fact that antiseptic dressing was preferable to the ordinary method. He also believed, with Mr. Barwell, that the question of suppuration or non-suppuration was less important than the mode of ligature of the vessel. There were cases on record where the catgut ligature had melted away and secondary hæmorrhage resulted, but he believed that ligature with catgut was quite possible to do successfully.

Mr. CALLENDER, in remarking upon Mr. Holmes's case, observed that Mr. Holmes wished only to bring before the Society the use of catgut ligature. The condition of wounds, when treated by Lister's method, was quite a different matter. For his own part he had every reason to be satisfied with the results obtained by his own method, which was enough for all ordinary purposes, and sufficed to ensure healing. He wished, however, to go into the question of the use of the carbolised catgut ligature. Three instances of secondary hæmorrhage had followed its use in St. Bartholomew's, two in the practice of his colleagues and the third in his own. In this case, which was very carefully observed, the patient was a young man of good habits, the only unfavourable fact being that he had slight atheroma, as was seen after death. The femoral was ligatured at the bottom of Scarpa's triangle for aneurism, the carbolised catgut ligature being employed to tie the vessel and also to drain the wound. On the fifth day, at the 130th hour, slight pulsation was felt in the artery and in the aneurism. At the 156th hour the carbolised catgut used for drainage came away in two pieces, having softened in the centre. On the tenth day there was a gush of blood from the wound. The thigh was immediately amputated; but the patient died of the hæmorrhage and shock. On examining the limb the ligature was not to be seen, and the artery was patent; but in the wall of the vessel was an opening about one-sixteenth of an inch in diameter, through which the hæmorrhage had taken place. In this case the ligature had yielded at the 130th hour; but it had produced such an effect upon the artery that the vessel sloughed. The wound had healed well. He brought the case forward only in connexion with Mr. Holmes's case, and as showing the trouble which might occur from a reliance on this method of ligature.

Mr. HART inquired whether the instrumental pressure mentioned by Mr. Holmes was performed under the influence of chloroform or not. He thought this was a question quite as useful to discuss as that of the catgut ligature. He knew of no case where such pressure, applied under chloroform, had failed; and as we have given up the idea of stratification being needed, we need not fear immediate coagulation.

Mr. HOLMES replied that, as there was complete absence of pulsation on pressure by the means employed, there could be no reason for subjecting the patient to the additional risks of chloroform.

The meeting then adjourned, the debate having come to an end.

MEDICAL SOCIETY OF LONDON.

AT an ordinary meeting of this Society on Nov. 8th, Dr. Routh, President, in the chair, Mr. SPENCER WATSON brought forward a patient, a young woman aged twenty-two, who had been treated jointly by himself and Mr. CARR JACKSON for Compound Comminuted Fracture of the Os Calcis and Dislocation of the Scaphoid, the injury being the result of a gas explosion. The astragalus and a portion of the os calcis were excised, and the patient has now a useful and moveable joint, the limb being only shortened an inch and a quarter. The discussion on this case was postponed to the next meeting, in order to give time for Mr. JAMES HOGG's paper on "Spinal Concussion."

On the 15th inst. the proceedings opened by the discussion of the cases brought forward by Mr. Spencer Watson at the previous meeting.—Mr. CARR JACKSON related two cases of his own, and dilated on the *pros* and *cons* of excision of the astragalus, as compared with amputation of the foot.—Mr. ROYES BELL spoke of a case of Mr. John Wood's at King's College Hospital, in which excision of the astragalus had been performed, and which had done well.—Mr. W. ADAMS remarked that Mr. Lund, of Manchester, had recommended this operation for club-foot; after which Mr. HENRY SMITH recounted the case of a lad who had fallen against an iron body, and who had been brought to him with an induration in the thigh. An abscess formed, which was opened, but the wound did not heal, and subsequently a piece of the boy's trouser was extracted.—Mr. SPENCER WATSON supplemented Mr. Smith's case by the relation of three instances of impaction of a foreign body.

Dr. DRYSDALE then read a paper entitled "For and against Animal Vaccination." He considered that in all countries where vaccination was compulsory it might be as well for the process of animal vaccination to be added to that adopted by the State, and believed it would be an enormous advantage in sudden emergencies.—An animated discussion followed.—Mr. DE MÉRIC questioned if animal vaccination was more to be trusted than the ordinary process. He recounted at some length the experiments on animal vaccination he had witnessed in Paris, which had much impressed him with regard to its facility. He had no doubt at all that syphilis can be propagated by vaccination.

He suggested that the two modes could very well be in vogue at the same time, but thought that the introduction of animal vaccination in this country required the co-operation of the Government, as it had been tried by private enterprise and had failed.—Dr. THEODORE WILLIAMS thought animal vaccination would be of great use in an epidemic, as he remembered the difficulty of getting lymph during the last one.—Dr. COOK had heard animal vaccination deprecated some years ago as exciting too great constitutional disturbance.—Dr. GRIFFITH thought syphilis could not always be detected in a child by the most minute examination, and related a case in point.—Dr. ROGERS, in thirty-five years' experience, had only seen one bad case as the result of vaccination. He mentioned the strong public feeling against vaccination, and thought animal vaccination would be a great boon if accepted by those who object to the other.—After Dr. DRYSDALE had briefly replied, Dr. DOWSE exhibited a Kidney having the semblance of a large cyst, taken from a patient who had died from disease of the brain.—The meeting then adjourned.

ENTERIC FEVER AT CROYDON.

CROYDON at the present time is suffering from a widely extended outbreak of enteric fever. In the spring of the year fever made its appearance in the town, and a considerable number of persons were then affected by it; this epidemic declined during the summer months, but at no time since last April has the town been completely free from fever. Suddenly, about the first week in October, there was an increase in the number of cases, and the disease also made its appearance in the districts of Selhurst and South Norwood, which previously had been almost if not entirely free from the disease. The number of persons attacked during the last few weeks amount to between 300 or 400. The inhabitants residing in the upper part of the town having suffered most severely, the medical officer of health for the town and district, Dr. Philpot, has been busily engaged in investigating the causes which led to the outbreak, and ascertaining how far the limits of the present epidemic coincide with those of the first; the information on the latter point is not yet complete. Dr. Philpot considers that "the suddenness of the outbreak over a wide area is strong *prima facie* evidence that water is the conveyor of the disease," especially as the fever has "occurred in houses the interior of which have no connexion with the sewers." And in this opinion, after a careful consideration of the facts connected with the outbreak, we entirely agree with him.

A water-supply may become contaminated at four points: at its source, in its storage, in its delivery through the mains, and, finally, in the houses of consumers. No suspicion seems to have fallen on the purity of the water as taken from the springs, but the blame is distributed between the storage arrangements at the reservoir and the intermittent nature of the supply. The water at Croydon is stored in two reservoirs: one the low-level reservoir, and which originally sufficed for the requirements of the whole town; and the other the high-level reservoir, which was constructed at the summit of the water-tower, in order to furnish a supply of water to the tops of houses in the higher parts of the town. It is in the districts supplied by this reservoir that the majority of the cases have occurred. It has been suggested that the water contained in this tank has become contaminated through the overflow-pipe, which communicated directly with the sewer, getting untrapped, and consequently the sewer gases of the town have had access to the water-supply. Although no doubt such an arrangement is one of considerable danger, we do not think it sufficient in itself to have produced the epidemic in question, and we think the chief blame will be found, on further inquiry, to lie in a defective condition of the mains and the intermittent nature of the supply. It appears that, from want of sufficient water, the supply is still occasionally intermittent in the low-level; in the high-level the supply is more constant; but it happened that there was an intermission of some hours on the 16th of September, about fourteen days before the large increase in the fever cases occurred. At that time the sewers, it must be remembered, must have contained specifically contaminated excreta from previous cases which had been occurring in the town during the summer months, and it is not unreasonable to suppose that the strong suction action that was going on within the mains on that day may have drawn the specifically contaminated contents of the neighbouring sewers into them, to be distributed wholesale the next time the mains were charged. The two great epidemics of last year—viz., at Over Darwen and Lewes—originated in this way. At Over Darwen the typhoid excreta found their way from the privy of a house in the outskirts of the town to the water mains, into which they were sucked during the periods of intermittency, and the epidemic continued till this source of infection was discovered. At Lewes the first outbreak was traced to distinct pollution of the water at its source. The second outbreak, occurring shortly afterwards, was caused by the contents of a sewer charged with stools of the patients who had suffered during the first outbreak being sucked into a closely adjacent water-main, likewise during a period of intermittency in the supply. At Lewes, as at Croydon, it was the upper part of the town which suffered most severely. Wherever the water-supply is intermittent such a mishap is likely to occur; for it is not in the nature of either sewers or water-mains to remain for ever impervious, and sooner or later leakage is sure to take place. It is, of course, unlucky if both main and sewer chance to be defective at the same point, for then, unless the water-supply is kept at constant pressure, and the water-pipes fully charged, the contents of the sewer must be drawn into the mains. The sanitary arrangements of the houses, even of the better class, at Croydon seem extremely defective, and several of the houses have screw taps to the watercloseta—an element of considerable danger, as leading to local intercommunication between the contents of the sewers and the water-service of the house. With respect to the management of the epidemic, we strongly urge the local board of health to adopt the chief recommendations of their medical officer—to furnish the town without delay with a constant water-supply, and to make a diligent search for all possible sources of pollution.

AFFAIRS IN GLASGOW.

To the Editor of THE LANCET.

SIR,—Would you have the goodness to permit me to correct your Glasgow correspondent in reference to one point in his account of the dispute between the Local Authority of Glasgow and the managers of the Royal Infirmary. He states that a "somewhat personal and hasty correspondence in the daily papers took place between the superintendent of the infirmary and Dr. Russell." The fact is, I have never written a line to the "daily papers" on the subject, or directly or indirectly taken any part in the controversy, excepting officially through the minutes of the Local Authority. Had the "superintendent of the infirmary" followed the same excellent rule, the controversy would either never have arisen, or been settled long ago in an impersonal, official way.

I am, Sir, your obedient servant,

JAMES B. RUSSELL, M.D.,
Medical Officer.

Glasgow, Nov. 15th, 1875.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 20, 1875.

THE elaborate scheme drawn up by Mr. JOHN MARSHALL for the institution of compulsory examination in Anatomy at the end of the first winter session, which was brought before the notice of the members of the Council of the College of Surgeons on the 11th inst., is a satisfactory sign of improvement and advancement. The spirit by which Mr. MARSHALL has evidently been actuated in making this proposal, and the interest taken in it by almost every member of the Council, are deserving of commendation, inasmuch as they show that there is some disposition on the part of the present Council to adapt itself and the College to the exigencies and requirements of modern times. The objects aimed at by Mr. MARSHALL are, of course, that the instruction in Anatomy shall be based on thoroughly sound principles, and that the knowledge acquired by students shall be not only useful but permanent.

It would have been surprising if Mr. MARSHALL, who has enjoyed rare opportunities of observing and testing the various methods of medical education and of estimating their results, had, when made a member of the Court of Examiners at the Royal College of Surgeons, failed to be struck with the anomalous state of the College examinations, especially the Primary. That he would, when fairly settled down to work as an examiner and a member of the Council, devise some valuable scheme for the amelioration of the College examinations might have been safely predicated. The anticipation has been realised in the memorandum that was laid before the Council at their last meeting.

As was announced last week, a Committee has been appointed to discuss the proposed measure in all its relations and bearings, and to report on it to the Council. What the decision of this Committee will be we cannot say. It may, however, be conjectured that, although the principle of the scheme will probably be recognised and accepted, the details will be considerably modified. Many objections to the adoption of the measure in its entirety have already been offered, and others will be sure to arise.

The principle of the scheme is briefly as follows:—

Mr. MARSHALL starts with the statement that under the existing system many candidates are rejected at the Primary Examination for the membership of the College; and he then alleges that, of those who present themselves, some pass extremely well, some barely succeed, whilst the remainder are so deficient in knowledge, especially of Anatomy, that they have to be referred for further study, though they have arrived at least at the end of their second year. And after all, Mr. MARSHALL adds in his memorandum, it has been recognised by those who conduct or watch the Pass Examination for the membership that a very large proportion of candidates retain a quite insufficient knowledge of Anatomy, often forgetting even the most simple and essential facts in that science. From these circumstances he correctly infers that the present results are not satisfactory, and that they point to the necessity of inquiry and improvement. So far most persons will agree with Mr. MARSHALL, but at this point many will stop, or at least part company. Mr. MARSHALL henceforth pursues a less certain course. He assumes that the cause of the failures at the Primary Examination at the College may be attributed solely and entirely to the students or teachers. In this he is somewhat opposed to facts. Mr. MARSHALL has been long enough a member of the Court of Examiners of the College of Surgeons to have noticed that, up to within a very short time, the unsatisfactory state of the College examinations has been as much due to the examiners as to the want of knowledge in the students. Many of the best students at the medical schools—medalists, honours men in Anatomy and Physiology—have been rejected at the College. Anyone who is at all acquainted with the previous training and experience of the examiners could point out several of the members of the Court who should never have taken office—at least, should never have been appointed to examine in Anatomy and Physiology. Even the Council has recognised this, and has at last consented to the appointment of special and competent examiners in Anatomy and Physiology. It is true that a little improvement has taken place within the last twelve or eighteen months, but it is too early to draw any conclusions from the results of the examinations as conducted by the present examiners. Mr. MARSHALL must therefore have based his opinion on the results of examinations two or three years ago, and in this he has fallen into error. In the third section of the memorandum Mr. MARSHALL expresses a doubt whether it is possible for any but vigorous and well-trained minds to acquire a reasonable knowledge of Anatomy in the two years now allowed for the study of that subject. Yet, notwithstanding this, the very aim of Mr. MARSHALL'S proposal is to ensure that this reasonable amount of knowledge shall be acquired by every student. Mr. MARSHALL appears to have misjudged the object of the medical student's education. It is of course impossible for any man, even for the vigorous and well trained, to become skilled anatomists like Mr. MARSHALL in two years, and this is neither necessary nor desirable. The aim of the medical student is to qualify himself for medical practice; and desirable as an intimate acquaintance with anatomy may be, it cannot be said to be of essential importance to practitioners of medicine, who may be very successful with a good general knowledge of the subject. In the same section Mr. MARSHALL has gone rather wide of the mark when he contrasts unfavourably the medical students of the present day with those of former times. He says that "those who first enter upon their studies *now* are younger than their predecessors were when they began attendance upon anatomical lectures and to work in the dissecting-room; their minds are less formed, less ripe for and bent upon thoroughly practical and efficacious study, less able or likely to appreciate the value of time, the pressure of their coming future, and the fact that opportunity lost is not to be regained." Mr. MARSHALL cannot be serious when he contends that, under the old

system of apprenticeship—when boys were taken from school before they had acquired a respectable amount of preliminary education, and made for three or four years to do the uninteresting work and too often the menial drudgery of a country practitioner's dispensary,—better trained men entered the medical schools than in these days, when students generally pass direct from the strict training and discipline of school or college to the study of anatomy and physiology.

Notwithstanding the objections that might be raised to Mr. MARSHALL'S argument, the question to be considered by those who are interested in the improvement of medical education is whether it would be well to institute *a compulsory and authoritative elementary examination in Anatomy at the end of the first winter session*, or immediately at the commencement of the succeeding summer session. Plausible as such a proposal at first sight appears, it will on closer investigation be found to be not altogether free from error and serious evils. If Mr. MARSHALL were content to suggest that such an examination as that to which he refers would be desirable, or that students if they wish to present themselves for examination at the end of their first year have the opportunity of doing so, or, still better, if the elementary examinations were made compulsory at the medical schools instead of at the College, we should at once say, so let it be. But to make the examination compulsory at the College would be one of the surest means to defeat the object it would have in view. If all men's minds and dispositions were alike, if the aspirations of all were similar, such an examination might have some justification; whereas, if every student who is desirous of becoming a Member or Fellow were compelled to pass an examination in Anatomy at the end of the first winter session, a very serious blow would be given to the higher aspirations of many of the better-class students. Many young men who enter the medical schools are not obliged to complete their student career in the brief space of four years usually allotted, but are prepared to devote a much longer time to their education. They may wish, for example, to employ their first year in the study of chemistry and allied subjects, which, if not taken up in the first year, must perhaps be passed by for ever; or, what very frequently happens, those who enter as medical students may wish to devote their first year to the preparation for such tests as the Preliminary Scientific Examination of the University of London. It would be manifestly unjust to thwart the ambition of such by compelling them to pass an examination in Anatomy at the end of the first winter session, merely to ensure diligence and industry on the part of dull or idle students; for it is for them that Mr. MARSHALL would legislate. Besides, mere inquisitorial examinations by licensing bodies are unsound in principle, and should not be unnecessarily multiplied. Students have already many terrors to impede their course, and are seriously hampered in their efforts by the multiplicity of regulations. To add one whit to the labours of the medical students would be both unjust and unwise. The most that should be done is to afford to students who do not intend taking any other qualification than that of the Colleges of Physicians or Surgeons the opportunity of presenting themselves for the elementary examination at the end of the first year, if they wish it, the result of this examination being made to tell on the second examination in Anatomy and Physiology, as Mr. MARSHALL has suggested. It is certain that if such an examination were found to be productive of good results, the vast majority of the worthy students would present themselves voluntarily.

SUCCESSIVE telegrams from India would appear to indicate that the progress of the Prince of WALES in that country may be much impeded and his route probably considerably modified by the prevalence of cholera in some of the districts that it was proposed he should traverse. Scarcely had his Royal Highness passed beyond the precincts of Bombay before anxieties awakened by this fatal disorder became manifest in the telegrams transmitted homewards from day to day for the daily press. It is hardly likely that these anxieties will become less as he advances onwards into the endemic area of the malady, although here, as in other parts of India, his visit has been timed to fall, as far as practicable, within the period when the disease is commonly least active. The grave responsibility which rests upon the Indian Government in this matter should awaken clearer conceptions of what is required from it in reference to cholera and allied subjects. By an unhappy coincidence, the Prince of WALES'S visit to India occurs at a time when men's minds have been largely unsettled there in regard to the conditions governing the prevalence of cholera, when it is gravely argued that the accumulated experience alike of India and of Europe respecting these conditions must be set wholly aside, and when vague sanitary generalities are being substituted for measures of prevention based on an intelligent appreciation of the modes actual and probable in which cholera becomes mischievous. It might have been imagined that issues so important would have aroused the serious attention of the India Office, and have induced it attentively to consider what sort of reason or unreason existed for raising them. But it contented itself with reproducing them in its annual sanitary blue-book, higgledy-piggledy with admiring comments of its own, and certain criticisms of the Army Sanitary Commission, admirably adapted still further to unsettle Indian thought on the subject. It gave no heed to the fact that if the Army Sanitary Commission was right the new propaganda was utterly and hopelessly wrong, and that if the latter was right the former must be irretrievably in error; or, if it gave heed, it must have contented itself with certain amiable platitudes of the Commission respecting the propaganda which should, apart from other obvious considerations, have suggested the probability that both were widely astray. It might have been supposed, when the Commission showed that the so-called facts upon which the propaganda raised its issues were, as to chronology, inaccurate, and, as to local conditions, so shamefully imperfect as to render it impossible for the Commission to exercise its proper function of expressing an opinion upon the practical sanitary works needed, that the India Office and the Commission alike must have seen the impropriety and mischievousness of giving any weight to what must necessarily be the crude speculations of the propaganda. But no such thing.

Data which the Commission had shown would have been a discredit to the least intelligent inspector of nuisances, are assumed by it to be sufficient for ganging certain of the profoundest questions of etiology, and for justifying doubts upon some of the most elaborate results of modern European research, the India Office virtually assenting! Nor could it well be otherwise, when the ultimate reference of the India Office in these matters is a mixed Commission of military men, engineers, and medical men, which does not include a single person who is versed in modern etiological science. Such a state of things is in the highest degree discreditable to the India Office, and detrimental to the progress of etiological research and sanitary work in India. Such work has only been successful in proportion as it has followed the strict methods of inquiry and practice in this country. But the new propaganda, neither in language nor in method, has anything in common with etiological research in Europe. It uses a language which is a tissue of fallacies; it follows a method which compasses in a few weeks, among populations of various languages counted by millions, inquiries which here, with populations counted by hundreds or thousands, having a common language and every facility for information, occupy many months. Yet the India Office has no specially appointed and sufficient means of enabling it to judge rightly of such matters, separating chaff from wheat, and at all times appears to have a curiously imperfect knowledge of European research.

If the visit of the Prince of WALES to India should awaken at the India Office a true insight into the requirements of etiological research and sanitary practice, this will not be the least of the benefits which will flow from it.

THE debate at the Clinical Society on Antiseptic Surgery has come to a conclusion, and we may well inquire what has been the practical result gained, and what will be its outcome as regards the employment of the system in the surgical practice of the metropolis? There were many points on which light might have been thrown by the debate, and we anticipated that some new testimony for or against the system advocated by Professor LISTER would have been forthcoming. It would have been expected that the results of a trial of LISTER'S method in a rigorous and scientific manner would have been contrasted with the results of the ordinary methods similarly tried; that we should have heard whether and to what extent antiseptics may be trusted to prevent suppuration, decomposition, and traumatic fever; and that a comparison of different antiseptic materials would have been instituted. But when we look at the course of the debate we find but little of all this, and what there is requires some labour to extract from the mass of irrelevant matter surrounding it.

It may indeed be a matter for question whether there has really been a discussion on the antiseptic method of dressing. It will be remembered that the debate was raised on papers by Mr. CALLENDER and Mr. PICK on cases treated with various antiseptics. The case brought forward by Mr. PICK was regarded by some as one hardly suited for the purpose, but, such as it was, it served the end of raising a discussion. Mr. CALLENDER'S cases were perhaps more to the point as an inquiry into the value of salicylic as compared with carbolic acid. His paper, however, received little or no consideration from this point of view, and was lost for the purpose of discussion. The debate on these papers, continued at the meeting on Oct. 22nd, was then formally adjourned until the meeting last Friday, when, it was stated, a paper would be brought forward on the same subject. It must therefore have been a matter of surprise to some and of disappointment to others to find that the antiseptic method was not to be discussed in its entirety, but that a subject which only bore indirectly upon it was introduced. It was obvious that the subject matter of Mr. HOLMES'S paper had been misunderstood, and an interpretation put upon its title which was disclaimed by the author himself. Yet the error would readily have been rectified had not the Chairman, in introducing the discussion, pointed out an entirely different subject—viz., that of the best method of ligaturing large arteries in their continuity—as the topic for consideration. Thus the course of the debate was, as if by accident, shunted on to a wrong line, and a new matter introduced; and that this was so was shown by the fact that the speakers were nearly the same as those at the previous meeting.

We sympathise with those advocates of LISTER'S method who would have wished to discuss the general question and to state their own views upon it, and with those who would have been glad to hear their opinions. There was an uncomfortable feeling evinced by some speakers that the antiseptic method must somehow be brought in, and hence some curious attempts were made to piece together two totally divergent subjects. And it scarcely needed the formal protest of an advocate of the method, or an equally formal disclaimer by the author of the paper, to show that the carbolised catgut ligature, apart from antiseptic dressing, can hardly be considered antiseptic. As was forcibly pointed out by Mr. BECK, the catgut soon loses its carbolic acid, and, when it has done so, is even more liable than the ordinary silk ligature to set up irritation and to become softened. And the cases mentioned by Mr. CALLENDER showed most clearly that such a result actually occurs. The defenders of LISTER'S method may be induced to apply to their opponents the dictum of PASCAL—"*Incrédules, les plus crédules,*" and to say that, whilst refusing to allow the value of the free use of carbolic acid, they place unlimited faith in a minute quantity of the same.

What, then, is the outcome of the discussion? for to an attentive observer a verdict, none the less decisive because not formally expressed, has been given, and must to some extent influence the immediate future of the use of antiseptics in London hospital practice. And, first of all, it was evident that but few of the speakers either place faith in LISTER'S theory or carry out his practice in full. It would be difficult to name more than one or two who are thoroughgoing believers in the theory, and there are scarcely more who strictly and fully carry out the practice. On the other hand, there were but few who did not express their belief in the utility of some portions of the method, especially in those which relate to the scrupulous care and cleanliness of wounds, and the avoidance of external sources of irritation or putrefaction. And if, as seems to be shown by the highly successful results of Professors SPENCE at Edinburgh and

Humphry at Cambridge, almost as much can be done by such precautions as by Lister's method, they have some ground for the assumption that the success of Lister's system is also due to similar causes. Granting this, however, it may fairly be urged that, apart from the theory, his method is at least one way of securing these benefits in the most efficient manner, as it enables the surgeon to be himself, to a great extent, the custodian of the wound; and it in nowise detracts from its value that other methods should rival it in this respect. After all, the test of experience is the test which is of real value in this as in all other questions of treatment; and until this has been applied by individual surgeons in a rigorous manner to a series of cases under varied conditions of hygiene and nursing, the arguments for and against the method on *a priori* grounds will be comparatively worthless. That such a scientific trial has not been made by most of the surgeons who took part in the debate was confessedly the case; some have tried it, but have given it up from weariness of the details, or dislike of the mechanical processes needed, and especially the disagreeableness of the spray during operations, and so have come to no conclusion of any value; whilst others have resented the insistance on a theory which they could not accept on the evidence given, and without which the practice seems tediously minute and even repulsive. It is yet open to the advocates of Lister's method, by bringing forward a series of cases, to show the superiority of results gained by it to those on other methods; and they may thus raise a discussion which will be of some value, if they care to do so. But with the present state of feeling on the subject, we question whether they would gain much by so doing.

One other point which was strikingly illustrated by this as by previous debates of a similar kind is the impossibility of a really scientific debate unless the questions to be considered be more clearly stated. The absence of a common and definite ground for discussion was evidently felt, and the last meeting resolved itself into a narration of experiences, many of which had little in common, and all of which would have been of far more value if connected with some expression of opinion on the more general question. Let us hope, even against experience, that this defect will be remedied in the next discussion of the kind.

Dr. W. W. Johnston, one of the physicians of the Children's Hospital, Washington, has contributed a paper to the last number of *Hays's American Journal of the Medical Sciences*, containing observations that are not without practical significance and bearing at the present time, when typhoid fever is unduly prevalent. The author deals with the diagnosis of mild cases of enteric fever, and specially refers to its afebrile and abortive forms. The departures from the accepted type are in two directions: either in a loss of intensity of the morbid phenomena, with a feeble development or absence of the pathognomonic symptoms; or in a considerable shortening of the attack. Embarrassments of diagnosis will occur in such mild and short cases. Dr. Johnston passes in review the symptoms most commonly associated in cases of typhoid fever infection. Those whose experience of this disease is most extensive will be the readiest to recognise the wide range in point of severity and duration and the diversity of the morbid manifestations in different cases. Easy as it is to diagnose the well-marked type of the disease, it is not by any means invariably so in cases of different and less pronounced character. After insignificant symptoms perforation of the bowel may ensue, and the same may occur where diarrhœa has been absent; tympanites may not be present, or at any rate observed; and the intestinal disturbance and abdominal symptoms may, in short, be trifling or altogether absent. The same may be said of the rose rash, enlargement of the spleen, and other ordinary concomitants of typhoid. But as regards pyrexia—undoubtedly the most constant symptom of the disease, and the best test by which we can gauge the gravity as well as determine the nature of the morbid process,—can we say that every case of typhoid disease must of necessity present an increase of animal heat? Dr. Johnston cites the experience of Liebermeister and others to show that there is a typhoid infection without fever, and refers to the fact that in Basle, where typhoid fever prevails to a great extent, it is not uncommon to find an evident enlargement of Peyer's patches in persons who have died of other diseases or from accident. Cases may be reckoned mild which have no higher evening exacerbation than 104° Fahr., or in which this point is not attained more than once or twice. Starting from this we pass from degree to degree in the descending scale until we reach afebrile states; and the author relates some cases illustrative of these low-temperature readings where there was no reason to doubt that the patient's disease was still typhoid fever. He next refers to the so-called "abortive typhoid"—a term suggested by Lebert as applicable to cases first described by Griesinger, and since by Wünderlich, Jürgensen, and others. The typhoid infective agent has a virulence which is by no means the same under all circumstances, and the limits of variability are known to be very wide. In the same house, says Dr. Johnston, may exist cases which react in very different ways to an infection which seems to be the same; and he thinks that different cities and countries may probably present peculiarities, and it is for the future to determine in what these peculiarities consist. The points in which the typhoid fever of America differs from the European disease are briefly adverted to by our author. The practical lessons connected with the recognition and study of these varieties seem to be two:—First, that the mild cases, corresponding to the typhus ambulatorius, may receive prompt and proper treatment, so that the disease be not aggravated or protracted; and, secondly, that they be prevented from becoming unsuspected sources of infection to other and healthy people.

The *Pharmaceutical Journal* publishes a short paper by Dr. De Vrij, of the Hague, on "East India Chinchona Bark." The writer calls attention to the quantity of alkaloids which can be extracted from any variety of bark by water only. By percolating one part of finely-powdered Indian red bark with cold water until eight parts of clear fluid were collected, he obtained by precipitation with an excess of caustic soda three-eighths of the total amount of the alkaloids contained in the bark. Dr. De Vrij is engaged in prosecuting further experiments in this direction.

Annotations.

"Ne quid nimis."

THE VICE-CHANCELLOR'S ADDRESS AT CAMBRIDGE.

THERE are several points of interest in the recent address delivered by the Vice-Chancellor of the University of Cambridge (the Rev. Dr. Phear, Master of Emmanuel), at the close of his year of office, which are well deserving of notice and comment. The academic year which has just passed was one of great activity and prosperity in the University. The number of matriculations for the year was the largest yet recorded, and the number of primary degrees (B.A., LL.B., or M.B.) has been 477. Of these only about two-fifths graduated in honours. Dr. Phear remarked, however, that it is likely, as greater numbers come to the University, drawn from the less wealthy classes, the proportion of the undergraduates unprompted to active study will become smaller, and the social influences which encourage industry and simplicity of life will be strengthened. The changes on the professorial staff have been great: six elections into professorships have occurred within the year. The operations of the University have lately received extension by the establishment of examinations in the department of State Medicine. The number and character of the candidates for the first examination prove how highly the degree is estimated by the profession, and the public want it supplies. Another important movement has been placed on a permanent footing—the superintendence of lectures in populous places. The details of this scheme, when first discussed at a meeting at the Mansion House last summer, were noticed in our columns at that time, and we are now glad to learn that the University, after due consideration, has accepted the responsibility of maintaining and further promoting this system of local teaching, extending to a great degree the advantages of a University training to those at present beyond its reach. For some time past great inconvenience has been felt owing to the want of accommodation in the buildings set aside for special departments. The increased number of students working at chemistry, physiology, and comparative anatomy has made the demand for increased accommodation more urgent. We are glad, therefore, to learn that the report of the Additional Buildings Syndicate is now before the Senate, and that ere long the required accommodation will be provided. Whilst on the subject of additional buildings we would venture to suggest that some step might be taken to extend the residential accommodation for students. Most of the private colleges have recently added to their buildings, but they are quite unable to keep pace with the ever-increasing number of the undergraduates. The lodging-house accommodation is hardly sufficient, and men yearly have to seek for rooms further and further off from their college, in the outskirts of the town. Moreover, the sanitary arrangements of the lodging-houses are far inferior to those of the colleges. We think the University might with advantage undertake to provide blocks of buildings, in different parts of the town, to be let to responsible persons for the special accommodation of out-college students. Lastly, Dr. Phear remarks that no one intimate with the active work of the University can fail to be struck with the evident strain now put on the senior members in residence. Lectures, syndicates, examinations, &c., have increased immensely in number and scope of late years, and the tutorial staff consequently are overworked. Dr. Phear expressed a belief that the efficiency of the University depends on all natural inducements being provided to attract and retain the mature services of more of the ablest members. It certainly has always appeared somewhat anomalous that no less than one-third of the net income of the University should be expended on non-resident members. Every year fellowships are conferred on distinguished scholars, the majority of whom leave the University, drawing from it for years a considerable income without rendering in return one particle of service. The tutorial staff at the University sadly needs enlarging, and it is only fair that its revenues should be applied almost entirely for this purpose. A reduction in the number, value, and time of tenure of non-resident fellowships is urgently called for, and this is the direction in which University reform ought to tend.

DIPSOMANIA.

OUR contemporary, the *Globe*, whose useful efforts to promote the much-needed legislation upon this subject we have before noticed, has recently commented at some length upon the able article on the subject in the current number of the *Quarterly Review*. To the instances of the abuse of alcohol which cry with keenest if not with loudest voice for interference, the writer adds another. In addition to the prevalence of the vice among women, boys are yielding to the temptation. At an age when reflection sets so few barriers against wrong, the chains of alcohol may easily be riveted before their weight is felt. It is authoritatively stated that this is the case, and that the habit of secret drunkenness is becoming common among boys at public schools, to an extent which the friends of the sufferers would willingly conceal. It may be hoped that the case is exaggerated, but knowledge of the even worse habits sometimes acquired at public schools forbids us to doubt its probability. The dissemination of precocious vice has ever been an unhappy consequence of the example of the contaminating few in large schools. Readers of a popular school-boy novel of twenty years ago will remember how powerfully this result was brought out in the delineation of the downward moral course of certain boys. It cannot be doubted that the same influences are, and always will be, at work in this and in other directions.

Our contemporary urges a milder measure of interference than will, we believe, effectually meet the necessities of the case. It points out the striking anomaly to which we some time since called attention, by which habitual drunkenness is allowed and suicide forbidden, but it urges merely the legalisation of "voluntary restraint," if the expression may be excused. It asks for a measure which shall permit the dipsomaniac in his sober moments to place himself in a restraint which he shall not leave in his unsound period, and it would merely give power to others to enforce such seclusion in the case of minors. It would further, as far as we understand it, limit such seclusion to the unsound dipsomaniac, who is urged onward to his fate by what the *Quarterly Review* calls the *vis a tergo*, and would not include the habitual drunkard, who merely yields to a temptation which he might withstand. It may be doubted how far any line can be drawn between the two classes, except that of frequency of intoxication. The *vis a fronte* and the *vis a tergo*, the temptation and the impulse, are, in reality and essentially, one in nature. Their extreme degrees are separable, but they blend. The temptation often yielded to, involves, by the alcoholisation of the system, the incapacity for resistance which in its extreme form constitutes the impulse. Compulsory privation from alcohol lessens the attraction of the temptation as it lessens the force of the impulse. We believe that the larger measure must ultimately come, and we would urge that the demand should not be restricted to the smaller instalment, even though we may ultimately have to be content for a time with the "voluntary restraint."

THE "FACING" OF GREEN TEA.

THE 1st of January, 1876, will decide the question whether "faced" or painted tea is to be regarded by the law as adulterated. We have always held that the practice of facing was objectionable, not only because it is a fraud, though generally a small one, on the consumer, who pays for tea and not for paint, but also, and more particularly, because it affords facilities for adulteration with faded leaves, lie tea, &c. That facing is quite unnecessary is proved by the fact that much excellent tea, green as well as black, entirely unfaced, is now imported and used in England, and it is indeed impossible to assign any valid reason for the continuance of the practice.

The position of tea importers is at the present time a very delicate one, and we regret to find, from a recent correspondence published in *The Times*, that the Custom House authorities are unable, or unwilling, to afford them any assistance. A well-known firm of tea importers wrote to the Commissioners asking whether, after the 1st of January next, the importation of all faced tea would be prohibited, and, if not, what amount of colouring matter would be allowed. In a subsequent letter they offered to send samples of such tea as they were in the habit of importing for the examination of the analyst, and in both letters they pointed out with perfect truth that "no merchant would venture to import an article which might, at the caprice of an individual analyst, be condemned to be destroyed." To these representations the Commissioners replied in effect that no information of the kind required would be given, but when the Act came into operation each case that arose under it would be separately considered.

It seems clear that, whether the Commissioners have made up their minds to treat as adulterated all faced teas, or whether they intend to permit a certain amount of coloration, it is equally their duty to give timely notice, and so prevent unnecessary injury to trade. As things stand now, the merchant will have equal cause to complain if he imports slightly faced tea and has it seized and destroyed, or if, having himself stopped the importation, he finds that other cargoes of faced tea are allowed to pass. It is to be feared that the authorities have not yet made up their minds in the matter.

THE SANITARY CONDITION OF BRISTOL.

DURING the past month or two the mortality returns of Bristol have exhibited most of those signs which experience warns us not to disregard as evidence of unsatisfactory sanitary condition. The death-rate has considerably exceeded that which has prevailed in recent corresponding periods; the excess has, moreover, undoubtedly been due to an unusual fatality from zymotic disease. Scarlet fever has been remarkably fatal, and the deaths referred to small-pox, measles, whooping-cough, and enteric fever have also been above the average. A belief in the intimate relation that exists between sanitary condition and the fatality from zymotic disease appears to us essential to a hopeful view of future sanitary progress, and we therefore regret to see that, in his last quarterly report, the medical officer of health for Bristol, in speaking of the present epidemic of scarlet fever in the city, says:—"Observation leads me to believe that the great fatality of this disease is but slightly, if at all, dependent upon general sanitary conditions, remediable by a sanitary authority." Epidemic scarlet fever in Bristol, as in other localities, appears to have visited different parts of the city with a widely varying fatality. During the three months ending September last, the annual death-rate from scarlet fever was but 0·3 per 1000 in Clifton parish, whereas it was 2·8 in Bedminster, 4 in St. Paul, 6·4 in St. Philip and Jacob, and 8·1 in St. Mary Redcliffe registration sub-districts. In other words, the epidemic has visited most severely the crowded parts of the city, where even in ordinary seasons an excessive death-rate invariably prevails. To ignore the fact that these continuous high death-rates in certain parts of the city of Bristol, supplemented by excessive fatality from zymotic disease in epidemic seasons, are due to want of wholesome conditions, would augur badly for the future sanitary welfare of the city. Even epidemics may be turned to good account, as their fatality affords a valuable indication of the localities in which the population is living under circumstances unfavourable to health; and these circumstances are in most instances remediable, or may certainly be alleviated by sanitary measures, in accordance with recent legislative enactments. Bristol has till recently showed comparatively low death-rates, but the evidence that the city has in its midst more than one "unhealthy area" is too strong to be safely disregarded. It may be hoped that the Town Council will recognise its responsibility under the recent Artisans and Labourers' Dwellings Act, in the same manner as the sanitary authorities of so many of our other large towns have already done.

DENSITY OF POPULATION AND MORTALITY.

THAT death-rates in various districts almost invariably bear a distinct relation to their density of population is a well-known fact. If the 629 registration districts of England and Wales were arranged in the order of their density of population, calculated by the number of persons to each acre of their area, and against each district were written the average annual rate of mortality, say in the last completed decade—1861–70,—it would be found that their rates of mortality would run in almost unbroken order from considerably less than 17 to more than 30 per 1000 persons living. This apparently inseparable connexion between density of population and death-rates has had the somewhat mischievous tendency to create an impression in some quarters that, given density of population, a high death-rate is inevitable. The special report of the directors of the Improved Industrial Dwellings Company (Limited), recently considered at a meeting at the Mansion House, contains some valuable information showing that, with judicious economy of space and the due observance of sanitary laws, health and density of population are compatible. The above-mentioned company has, since it commenced operations, housed 12,150 persons in 2199 tenements in different parts of London. The average density of population on the area occupied by the improved dwellings is 750 persons per acre, whereas the average density in the whole metropolis is but 42 persons to the acre. Notwithstanding this great density, calculated by the acre, the average annual death-rate in the Company's dwellings during the past nine years is said to have been but 16 per 1000, against 23·8 in the whole of London. These figures appear to show that one of the direct results of the dwellings erected by this Company is an annual saving of more than 100 lives on the most moderate computation, as it may fairly be assumed that the rate of mortality in the districts from which the inhabitants of these dwellings have been drafted was considerably higher than the average rate in the whole of London. The problem of how many human beings can be housed upon an acre of land without detriment to health has not yet been solved, but this statement of the Improved Industrial Dwellings Company proves that some more satisfactory means than the number of persons per acre is wanted for estimating density of population in towns. A recently published paper dealing with the housing of the population of some of the larger American cities attempts to

estimate the overcrowding in these cities by stating the number of persons to each inhabited house. For instance, it is stated that in New York, Brooklyn, and Jersey City there are more than 12 persons to each house, whereas the proportion in Philadelphia does not exceed 7½ persons per house. Unless the size of the houses be taken into account, these figures give no more reliable indication of overcrowding than does the statement that the residents in the Improved Industrial Dwellings average 750 persons per acre. The amount of cubic space in houses for each person is the only true test of density of population in towns, but, failing this, the area to each person of the rooms occupied, or even the number of persons to each room, would afford a far truer indication of density than either the persons to an acre or the persons to a house. So important is the bearing of overcrowding upon health, that it would be very desirable to see adopted some more correct measure of the density of population than those now generally used, which often give fallacious results.

A MEDDLESOME "PRIEST."

IT is no doubt difficult for people with missions to restrain their enthusiasm within due limits. The very belief in a commission to obey some supreme behest or carry out a supernatural purpose places its possessor beyond, or, as he would say *above*, the constraining influences of mere worldly prudence. It does not seem to occur to individuals so gifted that the fervour of their enterprise is scarcely likely to be shared by those around them, and that this circumstance calls for increased carefulness and address on their own part to prevent their ministrations being productive of resentment rather than gratitude. They forget that the exceptional character of their position must needs awaken distrust in those who do not happen to be inspired with faith or confidence. The Rev. Mr. (or "Father") Brendon, of the Monastery at Gorton, Manchester, apparently labours under this form of forgetfulness. He is intensely in earnest and boundless in his zeal. His business is to save souls, and as he happens to hold the inconvenient doctrine that children enjoy an independent spiritual existence anterior to the accident of birth, he has no scruples about resorting to the expedients of science with a view to get at the bodies in which these little souls are encased, in order that they may be baptised and so brought into a state of salvation. No doubt a considerable number of persons share the belief cherished by the Rev. Mr. Brendon, and it is clearly competent for them to perform the rites proper to their convictions; but when the enthusiasm of a "priest" so far overmasters his sober sense of right and decency as to induce him to send for a surgeon and instruct him to perform the Cæsarean section on the body of a woman just dead, without even consulting the husband of the deceased and obtaining his permission, we venture to think he must be fired with a zeal calling for restraint. Of all forms of priestly interference in the affairs of families, that illustrated by the exploit of the Rev. Mr. Brendon, if not the most mischievous, is probably the first in audacity. We can conceive of nothing more effusively paternal. Not only the adult souls in this reverend gentleman's care are under his protectorship, but all that may be added to them, whether actually numbered among the inhabitants of this world of sin and sorrow, or only probably destined to enter its gloomy portals. It is, doubtless, too much to hope that the Rev. Mr. Brendon will attach any weight to the opinion expressed by the coroner's jury at Manchester. Possibly, however, the surgeon who acted as the priest's henchman in this matter, and other practitioners who may be allured or impressed into the same kind of service, will in future remember that it is necessary to obtain the consent of the responsible friends before operating even on a corpse, and that the law of England does not recognise the friendship of ghostly fathers as of a nature to give validity to their sanction. There is always a dash of comedy even in the deepest tragedy, and in the present case it appears to have taken the shape of a discovery that the babe in whose spiritual welfare the Rev. Mr. Brendon evinced so lively an interest, was in fact a fœtus of about the fourth month.

PLETHORA AT THE PATHOLOGICAL SOCIETY.

THE profession is to be congratulated upon the increasing interest taken in pathological science, as evidenced by the large number of specimens which swell the list at the Pathological Society; but it may be doubted whether this state of congestion is altogether an unmixed good. It certainly cannot be regarded as such by those members who, with praiseworthy perseverance, bring down the same specimens to two or even three successive meetings before they are enabled to exhibit them. Exception is rightly made in the case of fresh specimens, which, as retaining their natural characters unaltered by preservative reagents, are always welcome. Yet it often happens that cases of great interest are postponed, and appear on the list on two or three occasions. At the last meeting of the Society, which we report to-day, the number of specimens down on the list read by the President at the commencement of the meeting was twenty-seven, and it says much for the expedition and conciseness of the communications that no fewer than seventeen of these were "worked off" in the ninety minutes. There remain ten still to be shown, so that it is unlikely that any additional specimens will come forward at the next meeting, which does not take place for three weeks. The contrast between the present meetings and those of the old days, when two or three cases sufficed for the whole evening, is striking, and is enough of itself to account for the more lengthy and interesting discussions that used frequently to take place in the past. It is doubtless the sense of the large amount of work before the Society that deters members from making comments on cases which are worthy of more notice than they receive. It is obvious, further, that the Society should strictly keep within its proper limits, and on this account it does not seem desirable to countenance the exhibition of specimens which are avowedly brought down merely to illustrate a particular line of treatment without any reference to pathology. It does occasionally, but not often, happen that pathology has thus to give way to clinical medicine or surgery; but surely in the present plethoric, but withal prosperous, condition of the Society, the introduction of extraneous matter should be as far as possible avoided.

LEPERS IN BOMBAY.

AFTER reading the descriptions of the gorgeous displays, the festivities, and other manifestations of public rejoicing in the East with which the Prince of Wales has been welcomed in Bombay, it is indeed difficult to realise the terrible spectacle presented by a number of wretched human beings in another part of the same city. The *Times of India* draws attention to the state of the lepers who have found a refuge in the Jamsetjee Jejeebhoy Dhurrumsala—an institution founded for the relief of the sick and destitute, and not for lepers especially, although these poor wretches are only too glad to find a refuge there from the streets of the city. Such as it is, the Dhurrumsala is the only place of the kind open to them. About 120 are lodged in it at the present moment, and they share its scanty accommodation with nearly an equal number of the halt, the lame, the blind, and the aged. They live in what are termed chawls, each room, or rather

cell, of which is about six feet deep by five in width, and so full is the institution that two lepers occupy one of these cells! The description of the unfortunate creatures given by our contemporary is dreadful, and their condition is a scandal and reproach to the community at large. We call attention to it in the earnest hope that something may be done by the Government towards the mitigation of the sufferings of those who are the victims of this terrible scourge, and that means may be found for establishing asylums where they could be kept apart from the healthy community. The lepers in the Dhurrumsala have no furniture, not even cooking utensils. Every day two pounds of rice and three pice are given to each. Only those who are very much afflicted indeed can be taken into the refuge; those who are not so bad are told to go away—that is, they are in effect told to go and beg, until they become bad enough to be admitted. Within the Dhurrumsala there are men and women—and children. The latter are the offspring of the adults; they do not, as a rule, show signs of the disease till they are about fifteen, but it generally lays hold of them sooner or later. Children are born to leper parents in the Dhurrumsala; no separation of the sexes is enforced or even thought of. Yet one would counsel an inexorable separation in mercy to future generations. Men and women with their limbs wasted till only the outline of the bones remain, or else swollen out of all form of limbs, sit or lie on either hand. And for none is there either medical care or medical comforts. The two pounds of rice and the three pice for fuel to boil it, constitute their only resource. "No relative ever visits them or sends them food or money; they are cut off from their families and from the community of their native villages; no priest of any faith, no doctor—save one, whose name we are told not to publish—no man or woman goes amongst them to give material or moral consolation of any kind. They are abandoned of God and man, and were it not that the Dhurrumsala gives them the half of a six-feet cell in which to lie, and a handful of rice with which to sustain life, they would die in their sores along our streets and in our compounds."

FEEDING BY SUBCUTANEOUS INJECTIONS.

A METHOD of forcible alimentation, which possesses at least the merit of novelty, has recently been put in practice by Dr. J. Krueg, who narrates his experience in the *Wiener Med. Wochenschrift*. It consists in the injection of aliments into the subcutaneous tissue by means of a hypodermic syringe. Dr. Krueg recalls the fact that it has been shown by MM. Menzel and Pereo that nutritious matter may be absorbed in this way; a quantity of fatty liquid, from one to eight drachms, having been taken up in forty hours, and that solutions of sugar, milk, and yelk of egg act in the same way. Peptones have also been shown to be thus absorbed by Stricker and Oser. Dr. Krueg tried the method in a case of insanity with refusal of food, in which, the patient having been nourished for twenty-seven months by means of the stomach-pump, and the introduction of the tube becoming difficult from his violence, at one time it could only be introduced once in ten days. Dr. Krueg, therefore, injected about half an ounce and then one ounce of oil daily beneath the skin, dividing this quantity between from two to five different points of injection, the operation being done gradually, and lasting about an hour. The injection was not painful, and the swelling disappeared by the next day. Beaten-up egg was not so successful, producing an abscess. For nine days at a time the patient was entirely dependent on this process for nourishment, which was subsequently repeated several times. We need scarcely say that this method of feeding is one not likely to be of much use; and, indeed, it seems to have been required in this case only because the old and barbarous method of feeding by the stomach-pump was employed, instead of the more simple and expeditious way of feeding by the nose. As a means of inducing unwilling patients to take food, the punctures required may have as much value as any other mode of torture; and, indeed, some temporary result of the kind seems to have been gained in the case narrated.

THE PRESS AND FALSE DEGREES.

AFTER the trouble which has been taken by the authorities of the United States to expose the system of selling medical and other degrees, it is lamentable to see respectable papers doing their best to give a fresh lease to this system of fraud, by giving regular titles to persons holding these worthless certificates. A case in point is now under our notice. *The Redruth Times and Camborne Advertiser* gives a report of a very useless coroner's inquiry into the cause of death of Mary Ann Angove, the inquiry leaving the cause of death as much a mystery as it was before. The only facts elicited were, that the deceased was subject to giddiness, and shortly before her death had a draught from one "Dr." Rowe, as our contemporary calls the chemist who gave this draught, containing, as he admitted, chloral and camphor and opium. This gentleman seems to have had that convenient amount of self-respect which allows a man to buy the M.A. and Ph.D. of Philadelphia, U.S., an institution which we officially know to have "no legal or actual existence," having been deprived of its charter "on account of its notorious and shameless sale of degrees and similar rascalities." The words we quote are the words of the Acting Commissioner of the Bureau of Education, Washington. Surely our press should not perpetuate and abet the use of titles so disgraceful. The way in which, in common newspaper reporting, the reporter confers degrees indiscriminately on all medical men may be leniently regarded as a piece of carelessness, but it is a very different matter when a chemist dealing out deadly medicines on the strength of high sounding but highly discreditable titles, is styled "Dr." Rowe, without the commas, as if he were a duly registered practitioner in possession of a respectable degree. Our contemporaries can really help the American authorities, and all who represent respectable colleges, by using medical titles only in cases in which they are real and registerable, points easily to be ascertained.

CHOLERA RISKS IN INDIA.

THE *World*, in adverting to the fact that the prevalence of cholera in the Annamully Hills will prevent the Prince of Wales from entering one of the finest fields for sport in India—the Annamullies being the favoured haunts of the largest elephants in India,—indulges in a computation as to the mortality of cholera, about which all we can say is that we heartily wish it were true. Our contemporary says that it is computed that one European of pure blood dies of cholera in India out of thirty-seven attacked, and that one such European is attacked to 74,000 of the natives of the country. Without claiming any special means of judging of the accuracy of these statistics, the statements, nevertheless, appear to our contemporary credible, and it proceeds to indulge in some pleasant calculations on its own account. What are the facts? The proportion of fatal cases to attacks assigned in different epidemics have varied; but the mortality from cholera in all countries is very great. The period of the epidemic influences the mortality; for, at the first onset, the larger number of those attacked die, then the mortality descends to one-half, until, at the end of the epidemic, a large proportion recover. The uniformity of this law in different cholera epidemics

in different countries is very remarkable. We may state roughly that of the European troops serving in India, about one-half of those attacked with cholera perish. As is well known, officers are much less liable to contract the disease than private soldiers; but, when attacked, no great difference is observed in the mortality. The relative liability of Europeans in India to cholera as compared with the natives of that country we need not now discuss.

SCIENTIFIC OPINIONS USED AS ADVERTISEMENTS.

THE letter of "A Provincial Physician," which we print elsewhere, illustrates the danger which besets the giving of a written opinion on any article of trade. The writer, understanding that a certain prepared food was not advertised, expressed in a letter his good opinion of it. Within a week the letter was printed and circulated among the professional men of the district, to the great annoyance of our correspondent. This kind of annoyance is a very common one. Few professional men of repute would wish to see their names attached to a trade puff, and yet, if they have given a written opinion without any stipulation expressed or implied, it is difficult to see how they can help themselves. For professed analytical chemists the difficulty is of course greater than for medical men, for it is their duty to analyse and report upon every article sent to them, and very frequently they do not know the object of their client in having the analysis made. The report, once delivered, becomes the property of the client, who, in the absence of an express stipulation, is entitled to use it as he likes. The only safe course for those professional men who object to seeing their names on every hoarding in the country in connexion with nostrums and foods, is to insert in the report a stipulation that it shall not be used as an advertisement.

THE POLLUTED RIVER BASINS OF GREAT BRITAIN.

THE Sixth Report of the Rivers' Pollution Commission contains an interesting and elaborate map showing the entire area of the polluted river basins of Great Britain. The sources of pollution are severally from sewage, fibre (which includes cotton and woollen manufactures, calico and silk printing, dyeing and bleaching, and paper manufactures), chemical manufactures (including alkali works and mines), metalliferous and salt mines, collieries where coal is washed, works of China clay and metal trades, of brass founders, iron and steel wire drawers, galvanisers, file, saw, and edge tool manufactures, cutlers' grinders, and tin-plate workers. Special pollutions also include alcohol distilleries, paraffin oil, starch, and sugar refining works, and tan works. The counties that appear by this map to give least pollutions as to their river basins are Kent, Sussex, Dorset, Wilts, North Devon, Pembroke, Cardigan, Carmarthen, East Lincolnshire, and East Yorkshire. The North-west parts of Scotland are also tolerably free.

ENTERIC FEVER ON BOARD THE "CORNWALL" SCHOOL-SHIP.

THE epidemic on board this ship is not yet entirely at an end. Four doubtful cases occurred at the beginning of this week, and were removed to the shore hospital. A total of 43 cases are now under treatment—namely, 12 at the Seamen's Hospital, 4 at St. Bartholomew's, 23 in the Corporation's hospital-ship *Rhin*, and 4 at Purfleet. A detailed report of the rise, progress, and causes of the epidemic has been sent from Guildhall to the Local Government Board by the Port Sanitary Committee of the Corporation. For although the drinking water was undoubtedly polluted between the shore and the ship, on account of the faulty mode of conveyance, further examination has shown that the water, as delivered at Purfleet by the Grays Company, bears distinct signs of sewage contamination. This company supplies several villages in Essex, as well as a large number of isolated houses, before Purfleet and the *Cornwall* wharf are reached, so that it appears very important, in order to prevent further mischief, that the precise spot at which the pollution occurs should be accurately ascertained. We are informed that the main is more than twelve miles in length, with various branches, so that the inquiry will necessitate a great deal of care and labour, and one well worthy the attention of the Medical Department of the Local Government Board. Meanwhile the *Cornwall* authorities, hampered as to funds and the somewhat "intermittent" control of the Home Office, have but partially carried out the recommendations of the port medical officer of health. There are, in fact, several predisposing as well as exciting causes to account for the outbreak.

THE LYMINGTON GUARDIANS AND RETIRING ALLOWANCES.

IN July last Mr. Nicholas Adams resigned his appointment as medical officer under the Lymington Union, after a service of forty-seven years. As to the character of this service we have the direct testimony of the guardians that the duties had been discharged in a most exemplary manner, and "most undoubtedly to their entire satisfaction." In due time Mr. Adams very naturally applied for a retiring allowance. It will scarcely be credited that the guardians have refused it. Length and faithfulness of service are thrown away upon some employers, amongst whom we fear we must reckon the Lymington guardians. These gentlemen seem to us to be acting at least ungenerously in this matter. They are unwilling to establish the precedent of superannuating their officers. We give them full credit for this unwillingness. But the law contemplates such a course, and they refuse to take it. It is true that the law leaves the gift in the discretionary power of the guardians, and in this fact they may find an escape from the charge of breaking the letter of the law. But they not less glaringly violate its spirit and intention in a case where most men, and we will venture to say most boards of guardians, would have been eager to do all that the law permitted to testify respect for an officer. The Board has refused a second time to superannuate Mr. Adams. We hope for its own credit's sake that it will even yet reconsider its decision.

THE PRINCE OF WALES.

As we ventured to state, the projected tour of the Prince of Wales in India would be a purely provisional one, subject to any alterations that might be rendered necessary by the state of health of the inhabitants of any given district which the Prince might have to traverse. By the latest telegrams, it would appear that His Royal Highness's visit to Madras has been abandoned on account of the prevalence of cholera in that presidency. The telegrams that have reached this country have already informed us as to the health and doings of the Prince up to very recent dates, and anticipated news that would come by letters. We are glad to learn, however, that the health of His Royal Highness during the passage to India continued excellent, even in the hottest part of the Red Sea, and when the ship was in a calm. Notwithstanding that the air in the cabins was 83° to 84° F., and laden with moisture, and the seawater was as hot, or nearly so, as the air, all on board the *Serapis* were in good health, the Prince apparently the strongest of the party, and thoroughly en-

joying the voyage. As soon as the *Serapis* began to meet the southerly wind, which blew strongly through the Straits of Babul Mandel, the thermometer commenced to fall, and from having reached as high as 86° in the cabins, with 6 to 7 degrees of evaporation, it fell to 79° and 80° F., and became lower still on passing the Straits.

BORACIC ACID IN THE TREATMENT OF RINGWORM.

SURGEON-MAJOR WATSON reports in the *Indian Medical Gazette* that he has lately employed boracic acid with very great success as an external application in the treatment of the dermatophyta or vegetable parasitic diseases of the skin. He was induced to try this remedy from witnessing its employment as an antiseptic in the Edinburgh Infirmary wards. The diseases in which he has hitherto used boracic acid have been the different forms of tinea (T. tonsurans and circinata), and in that very troublesome form of the disease which affects the scrotum and inner side of the upper part of the thighs of many Europeans in India. Dr. Watson declares that the external application of a solution of boracic acid acts like a charm in such cases. An aqueous solution of boracic acid of a drachm to the ounce, or as much as the water will take up at ordinary temperatures, is employed. The affected parts should be well bathed with the solution twice daily, some little friction being used, and it should not be wiped off, but allowed to dry on the part. The remedy is said to be so simple, cheap, and efficacious, that it has only to be once used to be preferred to all other remedies of the same class.

ARTIFICIAL SKATING.

THE rapid multiplication of skating rinks is a proof that artificial skating meets a real want and makes a useful addition to our modes of exercise and recreation. After some personal experience of it we desire to record our high sense of its value. There are in our climate a large number of cold and dull days in the course of the year, in which skating on ice is not practicable and yet skating on wheels is most enjoyable. It is as good for girls as it is for young men. If they do not learn quite so quickly, they make up by greater ultimate proficiency and grace. Without denying that a little of the attractiveness of the rink is due to opportunities it affords of a little quiet flirtation, it deserves support as a means of exercise and a stimulus to active locomotion. The care to maintain perpendicularity is wonderfully expulsive of other cares. Of course there is a risk in it, as there is in every game worth playing at; but with care and a little more provision for good teaching, the risk is very slight for any persons adapted to the exercise. One point is very important—that the rink should be open. In other words, the skating should be in the fresh air. With this qualification we hail artificial skating as a most brilliant and useful addition to our forms of exercise, and the means by which the sensations of youth are conserved.

EDINBURGH UNIVERSITY CLUB.

THE quarterly dinner of this Club was held on Wednesday evening, the 10th inst, at the St. James's Hall Restaurant. Sir William Fergusson, Bart., LL.D., occupied the chair, and about forty members and guests were present. Several new members were elected, and some new names were proposed for election. The usual toasts were given from the chair, and that for "The Visitors" was replied to by Lord Theobald Butler.

The annual general meeting will be held in February next, before the quarterly dinner; and it is hoped that the President of the Club, H.R.H. the Duke of Edinburgh, may occupy the chair at the dinner in May.

SCARLET FEVER IN LONDON.

DURING the last month sixty-three persons suffering from scarlet fever were admitted into the London Fever Hospital, and at the present time the number of applications for private rooms exceeds the accommodation provided in that institution. A few patients have been admitted into the general ward, while waiting until private rooms become vacant. The necessity of the isolation of fever patients is becoming so fully recognised by the public, that the private rooms in the London Fever Hospital are sure to be freely used during the present epidemic.

THE CONJOINT SCHEME.

Dr. Acland and Dr. Rolleston have been appointed to represent the University of Oxford at the conference of examining bodies to take again into consideration the formation of a Conjoint Board for England, and Dr. Philipson and Dr. G. Y. Heath have been delegated by the University of Durham to represent that body at the conference. There has been as yet no meeting of the conference.

EPSOM COLLEGE.

THE Report of our Sanitary Commission on Epsom College will appear next week. In the mean time it will be satisfactory to the parents of the boys there to state that no fresh cases of scarlet fever have made their appearance. Of the five boys originally attacked, four are convalescent, whilst one is still suffering from the sequelæ of the disease.

THOSE of our readers who are interested in the study of comparative pathology and epizootics—studies which are growing in importance in connexion with epidemiology and what may be termed medical philosophy—will find much valuable information from time to time in the *Veterinary Journal*, a new publication, conducted under the auspices of Mr. George Fleming, of the Royal Engineers, whose scientific and literary labours in connexion with comparative pathology and other subjects of an allied character are well known. The numbers of the *Veterinary Journal* that have come under our notice have contained several excellent articles, some of which have possessed considerable interest for those outside the circle of veterinary surgeons.

SCARLATINA appears to be very prevalent in the military, as well as the civil population at the present time. Owing to an outbreak of that disease at Colchester Camp it was, quite recently, not deemed prudent to allow the drafts of the 18th and 96th Regiments, under orders for India, to embark in one of H.M.'s troopships, and they were detained accordingly. At Aldershot, also, we learn that the disease is prevalent in one of the camps, and that some of the schools there have been temporarily closed in consequence; and cases of the same disease have made their appearance at other camps and garrisons.

ACCORDING to the latest information, the cholera had diminished in Madras and Mysore, although at Madras itself it had somewhat increased. The disease has been confined to the native races. In the Bengal Presidency the disease was still prevailing in various districts to a certain, though slight, extent, and notably at Lucknow, Delhi, Allahabad, Morar, Meerut, Umballa, and a few other places.

WE understand that Mr. Jonathan Hutchinson has accepted the invitation of the Council of the Pathological Society to open a discussion on Syphilis, to take place in January next.

WE gather from a paper read before the New York Medical Society by Dr. Fordyce Baker, whose name is familiar enough in this country, that the surgical wards of the Bellevue Hospital in New York were recently thoroughly disinfected by chlorine gas and ozone, the process of purification being conducted on a most extensive scale. For generating the chlorine five thousand pounds of the black oxide of manganese, twenty-five sacks of salt, and one hundred and sixty pounds of sulphuric acid were used, while the requisite amount of ozone was obtained by the employment of one hundred pounds of manganate of soda and the same quantity of sulphate of magnesia. The result of this cleansing was markedly beneficial. The fatality from septic diseases had previously been alarmingly great in the wards, while but one case of pyæmia, and that a very doubtful one, has occurred since the disinfection of what Dr. Fordyce Barker calls "nosocomial malaria."

IN London last week 1449 deaths were registered, including 1 from small-pox, 43 from measles, 116 from scarlet fever, 12 from diphtheria, 49 from whooping-cough, 20 from different forms of fever, and 24 from diarrhœa. Scarlet fever was especially fatal in Hammersmith, Islington, Bethnal-green, Bermondsey, Battersea, Peckham, and Deptford. The deaths referred to diseases of the respiratory organs amounted to 349, which number, although greatly in excess of the mortality of the preceding weeks, was below the corrected average. It is interesting to learn at this time that the latest returns from Indian cities give the following death-rates:—Bombay, 25; Calcutta, 38; and Madras, 38. In the latter city 62 deaths occurred in one week from cholera.

OUR contemporary, the *Indian Medical Gazette*, lately informed its readers that quite a panic had taken place in Calcutta in consequence of the supposed existence of parasites in the commonly eaten and favourite water fish. The sale of this fish was prohibited, and the health officer of Calcutta was ordered to make a special inquiry into the matter. It was found that the fish was wholesome enough, and that what had been mistaken for lumbricoid worms were spinal nerves! In one instance a piece of nerve had been sent to an expert for the purpose of having the identity of the parasite determined. The fish fed in the dirty Ganges is not, we suppose, very delicate.

THE encouraging results that have followed the method of treatment of leprosy by gurjun oil, which we have more than once noticed, seem to be attracting attention. We learn from the *Madras Mail* that a piece of ground has been given by the Directors of the Monegar Choultry to the superintendent of a lazaretto on the recommendation of the Deputy Inspector-General of Hospitals, who intends erecting sheds for patients to enable him to experiment with the gurjun oil on a large scale.

WE understand that a circular has been issued to certifying surgeons under the Factory and Workshops Acts, requesting a statement of the amount of pay received by them within the last twelve months in the discharge of their duties. The information is for the use of the Royal Commissioners on the Acts. There is an intention to make these Acts more comprehensive in their scope.

MORE than one of the smaller towns in Devonshire have recently suffered from severe epidemics of scarlet fever or typhoid fever, or both; and in every instance they have been clearly traced to sanitary apathy and the grossest disregard of the necessity for pure air and water to the health of man.

THE want of a hospital for the reception of patients with infectious disease in Stockport has been felt for some time. Small-pox has been more or less prevalent in the town since the autumn of 1874, but hitherto little attempt has been made to isolate cases of the disease. The neglect of th authorities has at last roused the attention of the Local Government Board, and they have addressed a letter to the guardians urging them to provide the required accommodation. The guardians have referred the matter to the Town Council, who in all probability will pass it back again to the Local Government Board.

SOME very severe and peculiar cases of pneumonia continue to occur among the native Indian regiments forming our Punjab frontier force. It has rather puzzled a few of the medical officers who happened to treat the disease, and is compared to the pleuro-pneumonia of cattle in this country. Comparative experiments are being made to prove the communicability of pneumonic disease, and few will doubt that this is a direction in which work might be prosecuted with the most hopeful chance of good results.

WE have already reported a severe outbreak of enteric fever in Crediton, a small town with a population at present estimated at about 4300. The memorial of the inhabitants may be taken as a protest against a long course of inaction on the part of the urban sanitary authority of Crediton, whose estimate of the value of public health is exceedingly low, if we may judge from the fact that they have fixed the salary of their medical officer of health at £7 per annum!

THE weather on Sunday last, the day appointed for the collection on behalf of the Dublin Hospital Fund, was most unpropitious, there being all the morning a constant downpour of rain; and, as an extreme instance of the severity of the weather, it may be stated that the clergyman who preached in Clontarf Church on that day was obliged to reach the building by means of a boat.

ON the 20th (this day) the election by the Fellows of the Royal College of Surgeons in Ireland will take place of a Vice-President of the institution, in the room of the late Mr. John Hamilton. Dr. George H. Kidd, late member of the Council, and obstetric surgeon to the Coombe Lying-in Hospital, is a candidate, and it is considered probable that he will be elected without opposition.

THE adjourned inquiry into the circumstances connected with the death of Mary Jane Bell was held last Wednesday before Dr. Hardwicke, when the jury returned a verdict, "That the deceased, Mary Jane Bell, had died of tubercular disease and disease of the kidneys, accelerated by her removal from King's College Hospital by her friends."

TWO ships, from the East Indies and South America respectively, have arrived in the Thames with cases of scurvy on board. Five men were landed from the former ship at Queenstown, and five also from the latter at Falmouth. The Board of Trade have directed official inquiries to be made as to the cause of the outbreaks.

SURGEON JOHN NEESOM STONE, R.N., has been specially promoted to the rank of staff-surgeon for services in the recent expedition against pirates up the river Congo. He was the senior medical officer in charge of the force landed.

PROFESSOR HEBRA has lately been failing in health. He has been granted leave to appoint a substitute for this winter's lectures, and will take this opportunity of recruiting his strength.

WE would this week call the attention of our readers to the Ranald Martin Memorial Fund, which will soon be closed. Further subscriptions will be received by Mr. Pollock, 36, Grosvenor-street; Mr. O'Brien, 35, Lancaster-road, Westbourne-park; and Messrs. Herries, Farquhar, and Co., 16, St. James's-street.

DR. FRANKLAND, F.R.S., reports that the Thames waters supplied last month by the Grand Junction, Southwark, and Lambeth Companies were slightly turbid, those of the two last named containing "fungoid growths." The Kent Company's deep well water was found to be of excellent quality.

THE City Commission of Sewers have determined to expend a sum of over £58,000 in the improvement of a most unhealthy district on the southern side of Ludgate-hill, under the provisions of the Artisans' Dwellings Act. The scheme was unsuccessfully opposed by the Ecclesiastical Commissioners.

MR. W. E. GLADSTONE has been unanimously elected a member of the Board of Trustees of the Hunterian Collection of the Royal College of Surgeons, in the vacancy occasioned by the death of Sir Charles Lyell.

SEVEN surgeons in the Royal Navy have been recently promoted to the rank of staff-surgeons in vacancies caused by death or retirement in the higher ranks of the service.

OPHTHALMIA IN THE METROPOLITAN PAUPER SCHOOLS.

DURING the month of December, 1873, a comprehensive paper on this subject from the pen of Mr. Brudenell Carter was published in THE LANCET. This paper was read at a Conference of Chairmen and Vice-Chairmen of Boards of Guardians, and we may assume that in consequence of the interest thereby created, as well as the intrinsic importance of the subject, an official examination of all the metropolitan pauper schools was ordered by the Local Government Board in the autumn of last year. This examination was performed by Mr. Edward Nettleship, and his report, now before us, is by far the most exhaustive and painstaking piece of work on this subject that has as yet been published.

The inspection was made within six weeks, and included seventeen schools that accommodated collectively at the time 8798 children, including 119 then at the Margate Infirmary. Of the total number, 12 per cent. had at the time of inspection more or less conjunctival discharge, about 30 per cent. had granular lids of considerable severity (although without any discharge or other discomfort), and it was calculated that 15 per cent. (i.e., 12 per cent. with discharge, and 3 per cent. with other symptoms) were suffering from active ophthalmia requiring isolation and more or less active treatment. A total of 579 children, or about 6·5 per cent., were in the infirmaries at the time of the visits, so that 8 or 9 per cent. were still at large in the body of the schools. The number of children with healthy eyelids throughout the schools was equal to 15 per cent. of the whole number, and 35 per cent. of the children were found whose eyelids were in a condition of slight disease, "or were in general terms predisposed to obstinate and relapsing ophthalmia." A total of 793, or 9 per cent., were found with ophthalmic corneal damages, both eyes being affected in 353, and one cornea only in 440 cases. As regards the permanence of these opacities, no accurate classification could be made. The author places them in six divisions, which comprise 44 children with one or both eyes lost, 66 severe damages, 229 moderate damages, 358 slight damages, 78 very slight damages, and 21 with no damage—i.e., eyes with opacities and irregularities which from their position could not interfere at all with sight. The total number of non-ophthalmic corneal damages from all other causes was 59, or ·66 per cent. of all the children.

In a general review of the subject, we may omit special mention of the ophthalmic state of the schools separately, to which Mr. Nettleship gives an elaborate chapter of statistics; nor is it necessary to specify the worst or the best schools, for, as the author remarks, it is difficult to say which school is worst as to ophthalmia, if we include past and present conditions. In passing on to notice the relation between the ophthalmic state and life in these schools, the author, in remarking upon the value of ascertaining the ophthalmic state of a large number of poor children living at home in London and in various parts of the country, records that the only contributions on this head are found in the London Orphan Asylum at Watford, where in 1873 nearly 50 per cent. of the children had well-marked sago-grain eyelids (although no ophthalmia had existed in the institution); in the examination of 256 national school children in a small town and village in Oxfordshire, where the same predisposing conditions existed in at least 35 per cent.; and in a third group of 86 children in two workhouse schools in the same county, in which sago-grain eyelids were found to the extent of 50 per cent. of all the children. The conclusions drawn from the statistics above quoted are, however—(1) that the number of bad granular lids varies directly as the length of time during which the children have lived in these schools; (2) that the number of ophthalmic corneal damages varies directly in the same way; (3) that the number of ophthalmic corneal damages varies directly as the number of badly granular lids. The actual state of the children under one month and one year in the schools respectively shows that "the risk of getting ophthalmia is very far greater in the metropolitan pauper schools than outside them."

In considering the relations between ophthalmia in these schools and the age and sex of the children forming them, it is recorded that children below seven or eight years of age are practically far more dangerous as sources of contagion than boys or girls. Corneal damages are most abundant and most severe in the girls; discharge from the eyes is commonest and most profuse among the infants, and next among the boys; and the boys are much less, and the infants somewhat less, liable to lose their sight by violent ophthalmia than the girls. In discussing the influence which conditions independent of school life have on the ophthalmic state of the children in these schools, it is reported that the London children are, practically speaking, worse than the country children; and hence that predisposition to the disease bears a somewhat direct proportion to density of population; that Irish children are more liable to ophthalmia than English children; and that, as a rule, the eyelids are worse in orphan and deserted children than in those with parents.

The last and, practically speaking, the most important section of the inquiry related to the possibility of getting rid of ophthalmia without abolishing the schools. Mr. Nettleship very justly says: "It is impossible to form a precise estimate of the extent to which the disease, as it occurs in the metropolitan schools, injures the prospects of those who suffer from it." No less than 55 per cent. of all the children in the schools have had at least one attack of eye-disease requiring treatment, and relapses are the rule rather than the exception. Separate probation wards and quarantine establishments have been suggested, the latter being, in the opinion of the author, by far the better plan. But every child should be kept in that so-called quarantine for atleast a fortnight after leaving the workhouse before being allowed to join the body of the school, and some want a much longer time. The management of ophthalmic cases actually in the schools need not be discussed, because we write for the future rather than the present aspect of things. But the points that require alteration refer categorically to—(1) general overcrowding; (2) bad ventilation; (3) deficient and defective provisions for exercise in the open air; (4) defects in the infants' schools and junior boys' schools; (5) want of cleanliness; (6) food; and (7) size of schools. All these defects do not exist at all the institutions under consideration; for example, in the *Goliath*, off Grays, though the cubic space is small, the ventilation is particularly

good. But increased artificial warmth in the buildings, grass fields for exercise, and a larger staff of officers are required, particularly as regards the infants and forward boys. "The commonest means of contagion are the children's fingers, not used purposely, but rubbed, accidentally or in play, over the child's own face and eyes, or over those of its companions." As to preventive measures, an abundant supply of clean water and towels is of course essential, and a great many valuable remarks are offered as to the manner and "stuff" of the clothing adopted in these schools.

The report concludes with some observations on the size of these schools, which are noteworthy. Mr. Nettleship remarks, in effect, that though there is no positive evidence as to the sanitary disadvantages of a large as compared with a small institution, the common sense view of the question is very much in favour of the latter. Small numbers are of course more manageable, but very much of success hinges on the capacity of the superintendent.

We have of course omitted much in the way of detail that is both useful and interesting, and must refer our readers to the report, the able character of which has seldom been excelled.

Correspondence.

"Audi alteram partem."

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—In your report of the meeting of the Council of the Royal College of Surgeons, I observed a suggestion by Mr. Marshall of a compulsory examination at the end of the student's first winter session, or immediately after the commencement of the succeeding summer session. I trust that the expression of an adverse opinion will not be considered by the Council an act of presumption on my part, but I cannot think that the multiplication of examinations can prove beneficial. What with frequent *viva voce* and occasional written class examinations, prize examinations, and, at some schools, even *test* examinations, it would appear that our students are already over-examined. It is true that the examination proposed would be more authoritative, but we are not told what would be the result in the case of those who failed to pass it, or how long in such an instance the Primary Examination proper would be postponed.

The blot in our present system, now that so much is required of our students, seems to be that men are allowed, and even required, to attend hospital practice and lectures on the practical subjects while they are working in the dissecting-room and physiological laboratory. Students who seek the degrees of the University of London, or who intend to remain at a medical school four years, are careful to avoid this overlapping of subjects, but still they are obliged to put in an appearance in the wards to comply with the College requirements. On the other hand, the majority of students adopt the plan of crushing through all their hospital practice and lectures in two years and a half, or at most in three years, and present themselves badly prepared for all their examinations. See what this means in one of these student's second winter session. If he be industrious, he endeavours to attend lectures on anatomy and physiology, to work in the dissecting-room and physiological laboratory, to read up for his Primary Examination, and perhaps for a prize or two in his own school. One would think that this was sufficient for an ordinary brain to inwardly digest; but no, he is not content. He further vainly tries to profit by attending lectures on medicine and surgery, and by an *assiduous* attendance in the medical and surgical wards, on clinical lectures, and at post-mortem examinations and demonstrations; and I have even heard of a man taking a dressership. Can it be wondered at that a student should be somewhat bewildered on presenting himself for the Primary Examination?

In my humble opinion, and I have already given expression to it, the remedy is—to separate entirely the curriculum for the *Primary* Examination from that for the *Pass* Examination, the latter to be commenced after the Primary Examination has been passed. I am aware that reasons are given for maintaining the present system, but I am quite sure that the objections to it far outweigh these reasons. The knowledge of anatomy and physiology can be kept alive by testing it in its practical bearing upon medicine and surgery at the Pass Examination, and the result would be more satisfactory than at present if an uninterrupted study of those subjects had been previously secured. I believe that if our examining bodies enforced such a change as I have suggested, the "number of rejections" would rapidly diminish, and that "many would be diverted from" what is now too often an "idle and profitless course of study."

I have the honour to be, Sir, your obedient servant,

GEORGE COWELL.

George-street, Hanover-square, Nov. 13th, 1875.

ECCHYMOSIS OF THE SCROTUM.

To the Editor of THE LANCET.

SIR,—*Apropos* of Mr. Savory's lecture on this subject, I have at present a case of injury to the abdomen and scrotum under treatment, which is resulting so favourably that I think an account of the means employed may interest your readers.

A young man, aged nineteen, a miner, was engaged at his work in the coal-pit, when a large mass of stone from the roof fell upon him, inflicting severe injury upon the lower part of the abdomen and scrotum. I saw him shortly after the accident, when he was suffering from shock, the entire surface pale and cold, the scrotum somewhat swollen and slightly discoloured. He complained of severe pain in the right iliac fossa. He was ordered hot brandy-and-water, with hop fomentations to the parts injured. The following day general peritonitis had set in, and the scrotum was swollen to the size of a large cocoanut, blue-black in colour, and very tense. He was now ordered a dozen leeches to the abdomen, with calomel and opium internally. The scrotum was supported upon a folded napkin pinned round the hips, and swathed in a bandage saturated with a warm lotion composed of one ounce of tincture of arnica and one ounce of ammonium chloride to a pint of water. In two days the peritonitis had subsided. The lotion to the scrotum was continued, and with such good effect that to-day (the tenth since the accident) its appearance is perfectly normal, soft, and corrugated, without a trace of the residual fibrinous hardness so frequently seen in these cases.

I am, Sir, yours truly,

ALFRED GINDERS, M.D.

Normanton, November 16th, 1875.

SCIENTIFIC OPINIONS USED AS ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR,—A few weeks ago I received through the post a specimen of prepared food from a chemist at some distance, with a letter asking my opinion of it, giving the composition of the food, and stating that it was not advertised. I made a careful trial of the preparation, and found it satisfactory, and wrote a letter in reply to the one I had received stating my good opinion of the food. I was induced to do this contrary to my usual custom, because the food was not advertised. Within a week it accidentally came to my knowledge that my letter was printed and circulated among my professional brethren in the district. I at once took steps to stop this unauthorised use of my letter, and obtained a promise that it should be forthwith discontinued.

I send you this little history in order that others may be warned by my unlucky experience, and may avoid, under any circumstances, giving favourable written opinions of drugs or foods, even to proprietors who do not advertise. May I also ask why it is that the names of distinguished members of the profession are still paraded in our newspapers, by means of testimonials in favour of certain electrical apparatus, and light-brown and pale cod-liver oils, not to mention a score of other articles which the student of the advertising columns of our daily and weekly papers might easily mention?

I am, Sir, yours truly,

Nov. 6th, 1875. A PROVINCIAL PHYSICIAN.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At an ordinary meeting of the Council held on the 11th inst., Mr. John Birkett was elected a member of the Board of Examiners in Dental Surgery, in the vacancy occasioned by the resignation of Mr. Hancock.

At the same meeting the following Members were elected Fellows of the College:—

Briscoe, John, L.S.A., Broad-street, Oxford.
Burroughs, John Beames, L.S.A., Clifton, Bristol.
Flower, Thomas Bruges, L.M. Dub., Bath.

The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners on Tuesday and Wednesday last:—

Allen, Richards G., Belper.
Amphlett, Edward, Leamington.
Angove, William T., L.S.A., Bessborough-gardens.
Aplin, Alfred, Exeter.
Archer, Robert K., L.S.A., Highgate.
Bacon, Alfred T., L.R.C.P. Ed., Leeds.
Bigger, Samuel F., Belfast.
Blake, Henry, L.S.A., Bedford.
Bower, Ernest D., Leeds.
Bowling, Charles J. L., Ramsgate.
Brock, Charles de Lisle, Guernsey.
Carrington, Robert E., Brixton.
Chant, Thomas, L.S.A., London-road, Lowestoft.
Dennis, Augustine, L.R.C.P. Ed., Burnham, Westgate, Norfolk.
Edwards, Frederick S., St. Peter's-park.
Evans, Thomas, L.S.A., Pwllheli.
Godfrey, Charles Walter, Romsey, Hants.
Harvey, Thomas P., L.R.C.P. Lond., Fyrland-road.
Harvey, Henry Frederick, L.S.A., Gower-street.
Heard, Charles G., L.S.A., Truro, Cornwall.
Hicks, Henry, L.R.C.P. Ed., Wakefield.
Hutchinson, Joseph, L.R.C.P. Ed., Luton, near Manchester.
Iles, Alfred R., Fairford.
Jacobs, Henry Ralph, Aberdare, South Wales.
Jenkins, Aneurin, L.R.C.P. Ed., Longlwes, S. Wales.
Johnson, William B., L.S.A., York-road.
Kellard, James T. W. S., L.S.A., Stoke Devonport.
Kidd, Walter Aubrey, Blackheath.
Leigh, Reginald H., L.S.A., Aberdare, South Wales.
Livy, Ferderick Y., Bolton.
Manden, Horace, L.S.A., Marlborough.
Mason, John W., M.B. Aberd., Grantham.
Morgan, Evan A., L.K.Q.C.P.I., Liverpool.
Morshead, Ernest G. A., Sidmouth.
Musgrave, Reginald V., L.S.A., Finchley-road.
Petmore, Tennyson D., Hastings.
Phibbs, Robert F., L.R.C.P. Ed., Boundary-road.
Pilkington, Henry, Liverpool.
Randle, James, L.R.C.P. Lond, Lizard, Cornwall.
Shain, William F., Liverpool.
Simon, Robert M., Nottingham.
Steil, George R., L.R.C.P., Shepherd's-bush.
Truman, Charles Edwin, Old Burlington-street.
Whitby, Edward V., Birmingham.
Wilkins, Gilbert H., L.S.A., Brixton.
Woodward, Frederick E., Coventry.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Nov. 11th:—

Harper, Robert Russell, Oakden-street, Kennington-road.
Roth, Bernard Mathias Simon, Wimpole-street.
Thompson, Harry Young, Newport, Monmouthshire.

The following gentlemen passed the Primary Professional Examination on the same day:—

Arthur Alexander Blakiston, University College; Walter Strover and John Todd, Guy's Hospital; Charles Jerome Woollett, Charing-cross Hospital; William Clarke Whitfeld, Bristol Infirmary.

MR. T. KIRSOPP has obtained the Jeaffreson Exhibition of £20 per annum for two years at St. Bartholomew's Hospital and College.

CORONERS' INQUESTS.—Last year there were held in England and Wales 27,184 inquests, the cost of which, including coroners' salaries and allowances, was £82,533 15s. 1d.

MORTUARIES IN THE METROPOLIS.—The motion of Dr. Joseph Rogers for the appointment of a deputation to wait upon the President of the Local Government Board regarding the establishment of mortuaries in the metropolis, was carried at the Strand Board of Works last Wednesday.

THE Court for the Consideration of Crown Cases Reserved on Saturday affirmed the conviction of John Robert Downes, one of the "Peculiar People," who at the Central Criminal Court was found guilty of manslaughter for having neglected to supply his child, two years old, with medicines and medical aid when it was sick, from the want of which the child died.

MR. W. A. RYDER, a grocer in an extensive business at Bicester, was, at the Bicester Sessions, sentenced to seven days' imprisonment for refusing to have a child vaccinated, and declining to pay 20s. and 10s. costs. The defendant is known as a public speaker against vaccination.

THE Stockport magistrates on Saturday imposed the full penalty of £5 on a woman who had sold some of the clothing of a son who was suffering from small-pox. The result of the defendant's indiscretion was that several other persons were attacked by the disease.

LAST week the Alcester magistrates imposed a penalty of £5, and 19s. 6d. costs, upon a journeyman carpenter for exposing a child whilst suffering from scarlet fever. The child was sent to the Grammar School, Studley, whilst in the state of infection. Eight persons in the schoolmaster's household contracted the disease, and one of his children died from it. Great culpability on the part of the defendant was shown.

TESTIMONIALS.—A testimonial in the shape of an elaborately carved inkstand was lately presented to Mr. R. T. Warn, of Highgate-road, by the members of a club, as a token of the esteem in which he is held, and in appreciation of his services as medical officer.—Dr. Charles Fryer, on his removal from Openshaw to Sherburn, E.R., Yorks, has been presented with an elaborate timepiece bearing the following inscription:—"Presented to Dr. Fryer, by the members of Court Hero of the Baltic, 3528 A.O.F., for valuable services rendered as medical officer during the past four years. Sept. 18th, 1875."

BEQUESTS, &c., TO MEDICAL CHARITIES.—Mr. James Houghton bequeathed to the medical charities of Liverpool as follows:—To the Southern Hospital £5000, to the Royal Infirmary £500, to the Northern Dispensary £250, to the Southern Dispensary £250, and to the Medical Mission £100. The Doncaster Infirmary has received £3000 under the will of Mr. A. Barber. Mr. Peter Ormrod, of Halliwell Hall and Wyersdale-park, Lancashire, bequeathed £2000 to the Bolton Infirmary and Dispensary. The General Hospital, Nottingham, has received £200 under the will of Mr. John Gibson. The Drapers' Company have voted an additional donation of twenty guineas, and the Clothworkers' Company an annual subscription of ten guineas, in aid of the Royal National Hospital for Consumption, at Ventnor. An anonymous donor has given £500 to the funds of the Old Men's Asylum, Dublin.

Medical Appointments.

BROWN, A., M.B., C.M., has been appointed a House-Surgeon to the Glasgow Western Infirmary, vice M'Calman, resigned.

BROWN, J. L'OSTE, L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Sheriffhales District of the Shiffnall Union, Salop.

CANTLIE, J., M.B., has been appointed Resident Surgical Officer to the Charing-cross Hospital.

CONOLLY, Mr. P. B., has been appointed Assistant Surgical Officer to the Charing-cross Hospital.

COPE, W. H., M.R.C.S.E., has been appointed Resident Medical Officer to the Leicester Amalgamated Friendly Societies' Medical Association.

COTTON, H., M.R.C.S.E., has been appointed House-Surgeon to the West Sussex, East Hants, and Chichester General Infirmary and Dispensary, vice Macpherson, resigned.

CUNNINGHAM, C. L., L.R.C.S.Ed., L.M., has been appointed Medical Officer and Public Vaccinator for the No. 3 District of the Hastings Union, vice Cumming, resigned.

DRYSDALE, Dr. A., has been appointed Certifying Factory Surgeon for Dunfermline, vice Douglas, resigned.

DUDLEY, W. L., M.D., F.R.C.S.E., has been appointed Physician to the City Dispensary.

GREEN, E. F. S., M.B., C.M., late House-Physician at the Western Infirmary, Glasgow, has been appointed Medical Officer and Public Vaccinator for the Bentham District of the Settle Union, vice E. Tatham, M.B., C.M., deceased.

GREENWOOD, J. W., M.R.C.S.E., L.M., has been appointed Medical Officer for the Hanley District of the Parish of Stoke-on-Trent, vice Burn, resigned.

HAMILL, J. W., M.D., C.M., has been appointed Resident Surgeon to the Worksop General Dispensary and to the Cottage Hospital, vice R. A. Skinner, resigned.

HARRISON, T. W., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Doneraile Dispensary District of the Mallow Union, Co. Cork, vice Reardon, resigned.

HILL, P. E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Crickhowell District of the Crickhowell Union, vice Evan Parry, M.R.C.S.E., resigned.

KENDALL, J., L.R.C.P.Ed., L.R.C.S.Ed., L.M., has been appointed Medical Officer and Public Vaccinator for the Coniston District of the Ulverstone Union, Lancashire, vice Bolton, resigned.

LOUDON, J., M.D., has been appointed Medical Officer to the Police, Hamilton, Lanarkshire, vice Naismith, deceased.

M'CALMAN, D., M.B., C.M., late House-Surgeon, has been appointed a House-Physician to the Glasgow Western Infirmary, vice Green, resigned.

M'KELVIE, R. R., M.D., has been appointed Medical Officer to the Lorn Combination Poorhouse, and Parochial Medical Officer for the Parish of Kilmore and Kilbride, vice M'Gillivray, deceased.

MILLER, T., M.B., C.M., has been appointed a House-Surgeon to the Glasgow Western Infirmary.

MOFFATT, R., M.B., C.M., late Assistant-Surgeon, Hexham, has been appointed a House-Surgeon to the Glasgow Western Infirmary, vice M'Kellar, resigned.

MORRIS, H., M.B., F.R.C.S.E., L.R.C.P.L., has been appointed Surgeon to the Bloomsbury Dispensary, vice Cooper, deceased.

MURRELL, W., L.R.C.P., M.R.C.S., has been appointed Demonstator of Physiology at University College, London.

OWEN, Mr. W. G., has been appointed a House-Physician to the Glasgow Western Infirmary.

PARSONS, H. F., M.D., M.R.C.S.E., has been appointed Medical Officer of Health for the Goole Urban Sanitary District, for one month, pending further arrangements.

POTTS, Mr. E., has been appointed Assistant Medical Officer to the Charing-cross Hospital.

PROTHEROE, S. D., L.R.C.P., has been reappointed Medical Officer of Health to the Pembroke Urban and Milford Port Sanitary Districts.

RIGDEN, W., M.R.C.S.E., has been appointed a Surgeon to the Chelsea, Brompton, and Belgrave Dispensary, vice Whitmore, resigned.

RODWELL, E. M., L.S.A.L., has been appointed Resident Medical Officer to the Charing-cross Hospital.

SEWELL, W. R., M.B., C.M., late House-Surgeon at the Glasgow Royal Infirmary, has been appointed a House-Physician to the Glasgow Western Infirmary, vice Wallace, resigned.

SUTHERLAND, W., M.D., C.M., has been appointed an Hon. Physician to the Hartlepools Hospital, vice Reid, deceased.

TAYLOR, E., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been appointed Assistant to the Resident Physician and Governor, State Criminal Asylum, Dundrum, Co. Dublin.

TURNOUR, H. E., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Tealby District of the Caistor Union, vice Read, resigned.

WALKER, T. H., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the High District of the Longtown Union, Cumberland, and Medical Officer of Health for the Longtown Rural Sanitary District, vice Hunter, appointed Medical Officer to the Tecsdale Medical Union.

WOOLLETT, C. E., M.R.C.S.E., has been appointed Resident Obstetrical Officer to the Charing-cross Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BUZZARD.—On the 9th inst., at Grosvenor-street, the wife of Thos. Buzzard, M.D., of a son.

CLARKE.—On the 11th inst., at Coleraine-terrace, Salford, the wife of Alex. Carson Clarke, M.D., of a son.

HEWETSON.—On the 7th inst., at Rosarea, the wife of M. J. Hewetson, L.R.C.S.Ed., of a daughter.

RANGER.—On the 7th inst., at Meadow Croft, Lower Sydenham, the wife of W. G. Ranger, M.R.C.S.E., of a daughter.

SCOTT.—On the 13th inst., at Marford, near Wrexham, the wife of R. R. Scott, L.K.Q.C.P.I., Surgeon-Major Army, of a daughter.

STEVENS.—On the 16th inst., at Stoke Newington-road, the wife of Alfred Felix Stevens, M.B., of a son.

STOKER.—On the 9th inst., at York-street, Dublin, the wife of Wm. Stoker, F.R.C.S.I., of a son.

MARRIAGES.

ALLT—WEBB.—On the 10th inst., at St. Barnabas Church, Pimlico, Dr. Terence Thomas Allt, of Oaks House, Beckley, Sussex, to Catherine Elizabeth, eldest daughter of Dr. Edward Lowe Webb, of St. George's-road, Eccleston-square, S.W.

ARCHER—BELLIS.—On the 3rd inst., at Jersey, E. G. Archer, M.R.C.S.E., to Harriette Constance, daughter of the Rev. R. Bellis.

FRY—BURRELL.—On the 11th inst., at Frimley, Augustin B. Fry, M.R.C.S.E., to Emily Elizabeth, daughter of J. F. Burrell, Esq.

DEATHS.

BEAUMONT.—On the 12th ult., at Glenburst, Toronto, Canada, Wm. H. Beaumont, M.D., F.R.C.S.E., aged 72.

BRETT.—On the 16th inst., at Ladbroke-grove-road, North Kensington, John Brett, M.D., Deputy Surgeon-General (retired list) Madras Army, aged 57.

FOWLER.—On the 30th of Sept., at Camberwell, Wm. Fowler, L.R.C.S.Ed., aged 39.

GRIFFITH.—On the 8th inst., at Woodpark, Rathmines, Walter Griffith, F.R.C.S.E., of Guildford-street, Russell-square, aged 77.

JAMESON.—On the 14th inst., at Sturry, Kent, Wm. Jameson, M.R.C.S.E., aged 78.

LAWLESS.—On the 1st inst., at Dublin, P. H. Lawless, Surgeon, aged 72.

LEES.—On the 16th inst., at Hodnet, Salop, B. Lees, L.S.A.L., aged 64.

O'NEILL.—On the 10th inst., at Birkenhead, E. D. R. O'Neill, M.R.C.S.E., aged 40.

PALMER.—On the 12th inst., at Cheltenham, T. G. Palmer, L.D.S.R.C.S.E., aged 64.

WALKER.—On the 7th inst., at Middleton House, Lee, Wm. Holmes Walker, M.R.C.S.E., aged 39.

WILLSON.—On the 6th inst., at Warwick-gardens, Kensington, G. Willson, M.R.C.S.E.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

THE LAW ABOUT LIFE-SAVING.

WE are glad it has at length been settled that the natural guardians of a child under fourteen years of age may not with impunity allow it to die for want of medical assistance, because they happen to entertain an opinion that "what is to be will be," and "Heaven alone can save." It is strange that any doubt should have lingered in the minds of lawyers after the passing of 32 Vict., cap. 122, s. 37—a statute enacted expressly to remove any uncertainty on the subject. It would be just as reasonable to leave the offence of starving a child to death, without a penalty, as to allow that of permitting him to die without the use of proper remedies, to go unpunished. If individual members of society are to do just what is right in their own eyes, and nothing more, the interests of the community cannot fail to be sacrificed. Helpless children are especially under the guardianship of the State, and its authority must be invoked for their protection whenever those who stand in the closest relations with them neglect or refuse to discharge their duty. The decision of the Court for Consideration of Crown Cases Reserved has happily destroyed the last vestige of an excuse for not putting the law in full force against those very Peculiar People, who, claiming the privilege accorded to fanatics outside the walls of a lunatic asylum, affect to "live by faith," and under that pretence leave those who are dependent on them for succour in sickness to die without the hope of relief by medicine. We trust there will no longer be any hesitancy in the practice of the Courts. What has always been an offence against humanity is now happily declared to be a crime in the eyes of the law. A rigorous administration is alone necessary to make the obligation which justice recognises extensively felt, and to ensure its being universally vindicated.

Mr. J. Griffiths (Treforgan, Cardigan) is thanked for his courtesy.

SIZE AND WEIGHT OF ENGLISH CHILDREN.

To the Editor of THE LANCET.

SIR,—Will you allow me to appeal to the profession for assistance to complete a series of observations on the height, weight, and chest girth of our English race. I have already collected about 15,000 observations made on boys and men of all classes of society between the ages of 5 and 30 years. As my statistics vary considerably with the social position, occupation, &c., of the persons on whom the measurements were made, I have divided them into two series: one for the wealthier classes, whose physique has not been influenced by manual labour either of the children or their parents, and who have been well fed and nurtured; the other consists of the labouring classes and their children. Of the first series, which may be considered the standard of our race, I have collected about 6000 observations between the ages of 8 and 30 years from public and middle-class schools, universities, &c.; and of the second series I have obtained many thousands of observations between the ages of 6 and 30 years from primary schools in town, factory, and agricultural districts, from training ships, and from army and navy schools and recruiting depôts; also a number of measurements of infants at birth, supplied to me in reply to a former appeal to the profession through your columns. My standard series is incomplete from the period of birth to the age of eight years; and as children of this class are rarely sent to schools during this period, I must depend on a few observations from a large number of sources, and I shall be glad if I can induce some of the members of the profession to furnish me with the measurements and weights of some of their own children, or of others of the same social class who come immediately under their notice and care. My observations on the children of the labouring classes are incomplete between the ages of 1 and 5 years inclusive; but some of these may be obtained from infants' schools and from public institutions. As it is quite possible that many English statistics of this kind may have escaped my notice, I shall be glad to receive any references to them. I am, of course, aware of the existence of Belgium, German, Italian, and American statistics of a similar kind; but they are obviously of no use for my present purpose.

The exact information I require is the age last birthday, the sex, and the social status as distinguished above. The height is to be taken without shoes, the weight in ordinary in-door dress, including shoes, and the empty chest girth. This latter measurement should be taken with a tape passed round the nipples, and including the lower portion of the scapula, the arms hanging down by the sides. The child should be made to take a deep inspiration, and count ten in a loud voice before the measurement is determined. Children who are deformed, or suffering from any disease which would invalidate the measurements, should not be included; but none should be excluded for being merely under- or over-sized. My object is to get an average of the healthy population.

I am, Sir, yours &c.,

2, Bolton-row, May-fair, Nov. 9th, 1875. CHARLES ROBERTS, F.R.C.S.

PERKINS' METALLIC TRACTORS.

W. W. N.—Perkins was an American surgeon, practising in London. The "tractors" consisted, we believe, of small pieces of steel strongly magnetised, and were gently moved about on the surface of the skin of the affected part. To prove that the cures said to have been wrought by the tractors were due, principally at all events, to the exercise of imagination on the part of the patients, some persons had precisely similar instruments made of wood, painted and fashioned so as to resemble the original. These (the story goes) were publicly tried upon five hospital patients suffering, one from gout, and the others from rheumatism of one or more of the joints. All under this treatment are stated to have declared themselves much relieved!

BURNS AND SCALDS.

DR. NITZSCHE, surgeon to several factories of Austria, stated at the Grätz Congress that he had noticed the workmen who met with burns obtaining much relief from the application of varnish. The latter forms a protective covering in the absence of epidermis, and granulation and cicatrisation are favoured. Dr. Nitzsche thought he could improve upon this, and tried to keep away Pasteur's germs by adding first carbolic acid, and subsequently salicylic acid, to the varnish. He considers that he thus succeeded in many cases in effecting prompt healing. These burns were probably in the third degree, with complete loss of epidermis. Another kind of burn where the epidermis is preserved, but much serum is secreted underneath, has fixed the attention of Dr. Marin, of Geneva. This physician grounds his treatment upon Dutrochet's law of exosmose, and thinks that the diminution of the serum effused under the epidermis should be obtained without the destruction of the latter. This is effected by the application of thick fruit jellies, say of quince, raspberries, &c. Compresses of lint should be soaked in the jelly, so as to become considerably thickened. The serum transudes into the compress, and when after a day or two it is removed, the epidermis is found shrivelled up, and the parts beneath protected from inflammation and ulceration. Dr. Marin insists upon the rule that when pieces of clothing are adherent to the burned surface, they should not be removed, for fear of dragging the epidermis with them. The compress should be placed on the clothing material, and the exosmosis will eventually go on just as well. Dr. Marin quotes, in a pamphlet on the subject, several cases well calculated to recommend this kind of treatment, concerning which he is very enthusiastic. It is well known that a long time ago jams and syrups were used in France, *empirically*, in cases of burns. Louis XIV. having met with a burn on his hand, his valet de chambre plunged it immediately into a jar of jam with much relief.

POLICE COURTS AND MEDICAL FEES.

To the Editor of THE LANCET.

SIR,—A feeling pervades the profession generally that while the remunerations for the services of a medical man are various and somewhat doubtful when taken in connexion with the general public, those fees which are legally claimable for services rendered to the State are definite and sure. Such an impression, no doubt true in the main, is not without its exceptions, which, if made only to prove the rule, are none the less obnoxious to those who may be the subject of this occasional irregularity. An instance fresh in my own experience prompts me to lay the brief particulars before you and my professional brethren.

On the 17th of August my attendance at the Marylebone Police Court was requested by a police officer. My evidence on a case of assault was taken, and the prisoner committed to the sessions, when, after waiting four or five days "in durance vile," evidence was again taken, and the case terminated. In the usual course the fees were paid. Mine for attendance at the sessions were at the customary rate; while the sum of half a guinea only was allowed for my attendance at the police court. My residence is *three miles* from the Marylebone Court, and upon this fact rests the grievance which is brought to your notice. A protest to the paying clerk was, of course, useless. There it was down on the expense sheet, and he must abide by it. So also was a letter to the magistrate who heard the charge. This evoked no reply at all. As a last resource, an application addressed to the Secretary of State on the 3rd inst., giving particulars as to date of attendance, and especially distance travelled each way, obtained the following unsatisfactory answer.

Whitehall, 12th November, 1875.

SIR,—With reference to your letter of the 3rd inst, asking for 10*s.* 6*d.* beyond the amount you received as your fee for attending to give evidence at the Marylebone Police Court, I am directed by Mr. Secretary Cross to inform you that the fee which you have received is in accordance with the authorised scale, and that he is unable to order any addition to it.

I am, Sir, your obedient servant,
Edward Shoppee, Esq, Old Chapel House, 233, Kentish-town-road, N.W. A. F. O. LIDDELL.

It has not been my intention to dwell on the inconveniences medical men are constantly put to in being compelled to waste their time at the different courts they have to attend days before their evidence is required, nor on the inadequate fee they receive, but simply to show the difficulty there exists in obtaining redress even when the claim is, or should be, incontrovertible. That a magistrate's clerk should make an error in the scale of fees laid down by law is not a marvel; but that those in whom high authority is vested should fail to discharge their obligations to private individuals, and mete out common justice, is, to say the least, a matter of regret.

I remain, Sir, your obedient servant,
Kentish-town, Nov. 17th, 1875. E. COLLETT SHOPPEE, M.R.C.S. Eng.

*** Let us hope that the recent marriage of equity and law will quicken in the authors of "authorised scales" the sense of justice, and reduce the amount of that unalterableness which is so discreditable a feature of many of our own laws, as it was of the laws of the Medes and Persians. The authorities of our Colleges should make joint representations of such grievances to the Home Secretary. We would suggest to our correspondent to draw up a memorial, to be signed by several members of his College, asking the Council of it to make such a representation as we have indicated to the Home Secretary.—ED. L.

THE ARTISANS' DWELLINGS ACT.

DR. TIDY, the medical officer of health for the parish of Islington, has reported to the Sanitary Committee of the vestry, for the information of that body, that he deems it desirable to have the provisions of the Artisans and Labourers' Dwellings Improvement Act (1875) applied to no less than 306 houses in the parish, chiefly situated in the courts and alleys adjoining High-street, Islington.

MARE'S MILK.

THE composition of asses' milk, though deficient in fat by 2 per cent., has always been considered the nearest to that of woman's milk. From Langaard's analysis in Virchow's Archiv (lxv., i.) there seems to be a considerable difference in the casein of the cow's and of the mare's milk. The former is nearly insoluble in water; the latter, especially when in the fresh state, much more so, though not in an equal degree to woman's milk. The chemical reaction on different kinds of acids also shows the casein of mare's milk to be more like that of the human female. Trials of artificial digestion proved both much more digestible than cow's casein. Though the use of mare's milk for infants may be connected with difficulties, the superiority of koumiss made of it over the preparation from cow's milk seems to be pretty clearly demonstrated by the different characters of the two kinds of casein.

J. W.—Our correspondent will find Dr. Johnson's views on bloodletting in inflammatory affections in a lecture published in THE LANCET for 1866, vol. ii., p. 685. The work by Dr. Markham is entitled "Bleeding and Change in Type of Diseases" (London, Churchill, 1866), being the Gulstonian Lectures for the year 1864.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I observe in your number of the 6th inst. a letter from "A Bird caught with Chaff" on the above subject. I have no personal interest in the question; but as I have lately strongly advised one or two young friends to enter the department in preference to that of the army or navy, it is very likely such letters will be pointed out to me, and some explanation asked as to the assertions therein contained. I have consequently read it over carefully, and would request the favour of being permitted through your columns to say a few words in reference to the subject to young men who are entering the profession.

I would first remark that the writer has no sentimental grievances. They are all reduced to the single category of pay and allowances. I mention this to point out, and emphatically too, that whatever grievances of this kind there were have ceased to exist, or at least do not make themselves felt. As to the money question, it really seems that nothing would content the writer short of the Government guaranteeing him £300 a year for the rest of his life from the date of his landing in the country, together with all additional pay and allowances for length of service. The "unemployed pay" which he speaks of with such contempt is about 10 per cent. less than the Indian pay and allowances of British medical officers of the same standing, and his main grievance is that at intervals for the first four or five years he is reduced to live on that rate of pay. The truth is, that junior men are sent about to supply the vacancies caused by seniors going on leave, until in their turn they secure an appointment for themselves. Again your correspondent states that when furlough is due he can hardly afford to take it. There is an excellent standard to judge this statement by—viz., the pay of British medical officers of the same standing. Accepting that he may be fully two years on "unemployed pay," there are still six years of employed pay before the furlough is due. During this time he will have received from 50 to 60 per cent. more pay than his *confrères* of the army, amounting at the very least to £200 a year surplus—that is, £1200 for the six years,—a very fair sum to find his passage home and out again. The writer omits reference to the half-pay and allowances while on furlough, about £1 a day. So also he says nothing of the huge pickings of a surgeon of the department in India: allowances for railways, civil surgeoncies, lock hospitals, gaols, police, and generally a large private practice. There is just one timid hint at these good things in the complaint of favouritism to natives and half-castes in granting appointments. It shows at least that there are such enviable appointments, and that a man's prospects are by no means limited to the scale laid down in the Government prospectus. The fact is, the prospectus gives only the minimum, and no one of the department is quite satisfied till he gets something better, and, I may add, there are very few who do not. The pensions are certainly small, but only small from an Indian point of view. As men on pension are no longer in active service of Government, they are not paid the tentage, horse allowance, &c., which form large items in Indian receipts, and perhaps, too, the rates are a remnant of the olden time, when they were largely supplemented by pension funds. They are, however, much larger than those of the British medical service. I append a table of rates per diem for comparison.

	After 17 yrs.	After 20 yrs.	After 25 yrs.
Indian medical service ...	12*s.* ...	16*s.* ...	20*s.*
British do. do. ...	Nil. ...	10*s.* ...	10*s.* 9*d.*

Your correspondent's comment is rather amusing that £220 pension will not keep a bachelor in moderate comfort. But who ever expects that the Government would undertake to keep him in affluent circumstances for the rest of his life after fifteen years' actual duty in India, besides paying him very well all the time?

I am unwilling to intrude on your space any reference to the bright side of the picture, and will end by saying, briefly, that those who enter the department have a wide career before them, and the chance of making lots of money; and when they at last retire fairly well off, they will probably find they have not had a day's more foreign service than the average of their *confrères* of the army and navy, who retire with nothing but their small pensions to look to.

Yours respectfully,
November 12th, 1875. HALF-PAY.

THE MEETING OF CORPULENT MEN IN AMERICA.

THE papers of the United States give a description of this meeting, which took place at Gregory's Point on the 25th of August last. If the details are not a little exaggerated, monstrous individuals to the number of about one hundred assembled together, some being brought in carts, as no ordinary vehicle would carry them. The consumption of food at the dinner was, it is said, "miraculous." 100 barrels of oysters, 10 casks of potatoes, 300 lb. of carps, 100 lb. of eels, 300 lb. of lobsters, besides mountains of meat of various kinds. The beverage was beer, of which 300 barrels were drunk. Would not these people be highly benefited by a course of "Banting"?

THE INSANE IN THE DEPARTMENT OF SEINE.

THIS department, of which Paris is the capital, had to provide in 1801 for 946 insane persons. On the 31st of December, 1874, they had increased to 7072, being sixfold the former number, whilst the whole population had augmented only threefold. For the last ten years the mean increase of the insane has been 200 per annum. Up to 1860 the female sex was in the majority; from that period the men have outnumbered the women. At the present time there are, out of 1000 insane, 542 men and 458 women. Among 2177 patients who were admitted in 1874, 882 were single, 855 married, and 348 widowers or widows. As regards the callings of these patients, we find that 853 were engaged upon manual labour, 332 had no occupation, 302 were servants or in the employment of others, 263 carried on trades or commerce, 120 belonged to the liberal professions, 30 were landed proprietors or independent, and 19 belonged to the army and navy. Among the causes of insanity, intemperance amounts to 37·22 per cent. of all the cases. In the year 1874 the insane of the department of Seine cost £163,096.

EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—Will you have the kindness to extend the ægis of your protection over the medical officers of the above institution, and, by publishing the enclosed letter, spare us if possible from a similar infliction in future.

My partner, Mr. Jones, of Epsom, and myself were recently appointed medical officers to the Royal Medical Benevolent College at Epsom, and having one or other of us devoted between two and three hours each day to its duties, I can conscientiously say that neither attention, time, nor *medicine* have been spared—even to the sacrifice of private work—in fulfilling them. If in the management of such a simple affair as a case of chicken-pox we are not only to have our treatment questioned, but are expected to write to parents in self-defence, the duty would be endless, and too irksome to be encountered.

I forbear to comment on the letter itself.

Yours very truly,

November, 1875. GEO. R. BARNES, M.D.

[COPY.]

———, November 11th.

DEAR SIR,—Hearing that my youngest boy at Epsom College was suffering from chicken-pox, and had been confined to the room for a week, I went down to see him, and I was surprised to find that he had no medical treatment, and that during the fortnight he was up there he had not had any medicine given him. Now, I consider if he had the usual medicine given in these cases, he would have recovered more quickly, and I certainly do not approve of *this do-nothing treatment*, when I think a little medicine would have greatly relieved; even gentle aperient doses, with saline and diaphoretic medicine, I consider very much relieves the skin affection, and I frequently find it leaves children weak for some time afterwards, requiring a tonic medicine. I now hear that he has been obliged to leave the school again, in consequence of a boil or abscess on his neck. I should be glad to hear from you what it is, and if I find his health in a bad state I must consider whether I shall take him away from the school. It is most inconvenient to me to come so long a journey just now; therefore I am anxious to know what is being done.

Yours truly,

To Dr. Barnes. * * * * *, F.R.C.S. Lond.

OVERSEERS' ORDERS ON MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I shall be glad if you will kindly give me your advice on the following subject. On March 31st, 1875, an overseer of my district gave an order for me to attend a man. I found him suffering from fractured leg (tibia). I attended him, and he went on well. On rendering my half-yearly account of extras to the guardians, they refused to pay this item, alleging that the patient himself was in a position to pay. Now, Sir, whom must I sue for my fee—the guardians, the overseer, or the patient?

I am, Sir, yours faithfully,

Whitwick, Leicester, Nov. 13th, 1875. C. J. B. JOHNSON.

*** An overseer can give an order only in cases of *sudden* and *urgent* necessity, and the medical officer is only required to attend upon the overseer's order in such cases. If he attend upon any such order, and the case be not of that nature, the medical officer may have a claim against the overseer, but has none against the guardians. Cases of fracture, supposing the patient to be very poor, seem to come fairly under the category of sudden and urgent cases, and we should advise our correspondent to press his claim on the guardians, unless, indeed, the man's circumstances clearly indicate his own ability to pay, in which case we should advise that the overseer be sued, leaving him to recover from the patient. At the same time we advise all medical officers under the Poor Law not to receive overseers' orders, except in cases at once urgent and sudden.—ED. L.

"AMOCQUE."

To the Editor of THE LANCET.

SIR,—The disease termed "amocque," which Dr. Adams refers to in your last number, and described by the captain of a ship as "a form of ringworm attended by madness of more or less severity," was, in all probability, that form of homicidal mania produced by the inordinate use of haschish, bhang, or Indian hemp (Cannabis Indica). This form of madness has of late years been frequently described in medical journals and books of Eastern travel, and its Malay name has been Anglicised to denote a mad indifference to the result of bad actions (seen sometimes nearer home than Siam)—viz., "running a muck"! (amocque).

The "ringworm" I look upon as no essential part of the disease, but was probably that parasitic affection called "dobie itch," well known to Europeans on the China station, and which, in the natives, becomes sometimes so intolerable as to induce them to take large quantities of "bhang" in order to obtain relief.

I am, Sir, yours faithfully,

Gosport, November, 1875. ROBERT NELSON, Staff Surgeon, R.N.

THE ROYAL SOCIETY.

THE award of the medals in the gift of the Society for the present year, by the Council, is as follows:—The Copley medal to Prof. A. W. Hofmann, F.R.S., for his numerous contributions to the science of chemistry, and especially for his researches on the derivatives of ammonia; a Royal medal to Mr. William Crookes, F.R.S., for his various chemical and physical researches, more especially for his discovery of thallium, his investigation of its compounds and determination of its atomic weight, and for his discovery of the repulsion referable to radiation; a Royal medal to Dr. Thomas Oldham, F.R.S., for his long and important services in the science of geology.

N. S. P.—Apply to Letts and Co., Cornhill.

LOW DEATH-RATES.

To the Editor of THE LANCET.

SIR,—In the "annotations" in your issue of Nov. 6th, I notice your remarks on a supposed Hygeiopolis in Wiltshire, wherein you demolish the figures of the medical officer of health for Bradford-on-Avon; but to show that it is possible to come near such a low death-rate (and without the possibility of demolishing my figures), I am pleased to state that our death-rate for the three months ending Sept. 30th, 1875, was at the annual rate of 9·6 per 1000, our population being 11,111, with 27 deaths in the three months; and I am the more gratified in being able to do so, because I feel that certain erroneous ideas existed concerning the general salubrity of this town in consequence of its late unfortunate epidemic, which, by-the-bye, happily left us five months ago. That the town is a healthy one may be gathered from several circumstances—viz., the many instances of extreme longevity among the inhabitants, the comparatively low infant mortality, the freedom from epidemics (the late one being the first in the recollection of the oldest inhabitants), and the generally low death-rate, 18·24 being the average for the three years 1872-74, that for 1872 rising only to 16·47.

I am, Sir, yours obediently,

J. G. BRADEN,

Lewes, Nov. 11th, 1875. Medical Officer of Health for Lewes.

To the Editor of THE LANCET.

SIR,—In your impression of the 6th inst. you refer to a supposed Hygeiopolis in Wiltshire, with a death-rate of 7·5 per 1000. I have one in my combined districts of only 6·7 per 1000 per annum for the quarter ending Sept. 30th, 1875. During the same period the birth-rate was 43·1 per 1000. The population in 1871 was 3341, and I estimate it for the middle of 1875 as 3550. It is the urban sanitary district of Warley, situated near Halifax, in the West Riding of Yorkshire, the inhabitants of which are principally engaged in mills.

I am, Sir, yours faithfully,

THOS. BRITTON, M.D.,

Halifax, Nov. 12th, 1875. Medical Officer of Health.

NUISANCE FROM GAS.

DR. F. E. WILKINSON medical officer of health for the district of Lewisham, in a report recently issued, describes a somewhat unusual nuisance which came under his observation last year:—

"There was a most offensive nuisance in November last for several days, causing great alarm in the neighbourhood of St. Germain's-road, Catford, and Lewisham. It was occasioned by large volumes of sulphuretted hydrogen gas which escaped from the sewer in the night, and were traced along the Ravensbourne and Sydenham main sewer, in the Bromley and Lewisham road, from the turning to Ladywell to the 'Black Horse' public-house, Rushey Green, and from thence along the Catford road to the Crystal Palace Gas Works, Bell Green. This gas entered the houses along the line of sewers through the sink traps and pipes, and discoloured the white paint in many houses and turned the silver black, and some of the inhabitants had to turn out into the streets. As soon as this disgusting nuisance was traced to its source, proceedings were taken to stop it, both by the Metropolitan Board of Works and the Lewisham District Board of Works, against the Crystal Palace Gas Company. The directors of the Company denied that anything had been done at their works to cause a nuisance; but upon being served with notice of the Lewisham Board's intention to apply to the Court of Chancery, the nuisance immediately ceased; and on the hearing of a summons, issued by the Metropolitan Board against the Company, the magistrate inflicted a fine upon the Crystal Palace District Gas Company of 40*s.* and costs."

Physiologist, (Birmingham.) — Our correspondent probably refers to the observations of M. Paul Bert, which are noticed at some length in THE LANCET of May 30th, 1874.

TREATMENT OF INCONTINENCE OF URINE.

To the Editor of THE LANCET.

SIR,—In the treatment of incontinence of urine I have found that belladonna acts well for very young children; but with boys over eleven or twelve years, who have retained the infirmity, no treatment has answered so well as a combination of belladonna with creasote, in the form of a pill, as follows:—Extract of belladonna, twelve grains; creasote, twenty-five drops; oil of cinnamon, four drops: made into a mass with bread-crumbs, and divided into fifty pills, of which one should be taken after dinner, and one shortly before going to bed. I have never known this to fail with boys, who are generally cured in about three weeks from the time they begin the medicine.

Yours obediently,

Marlborough College, Nov. 16th, 1875. WALTER FERGUS.

CALABAR BEAN.

To the Editor of THE LANCET.

SIR,—A leading oculist has told the friends of a patient who is using an eye drop of Calabar bean (one to thirty of water) for neuralgic (?) headache with great benefit, that such treatment is dangerous to the eye. Since reading Dr. Munro's cases of tic cured by this method, I have had unvarying success in several obstinate cases, and have never seen ill-effects. Still, as the oculist in question considers the treatment eccentric and dangerous to the eye, I should be glad to elicit the opinion of the profession upon the subject.

Yours &c.,

November 13th, 1875. M.D. LOND.

A NEW DANGER.

DR. WHITMORE, medical officer of health and analyst for Marylebone, reports that he very recently analysed the colouring matter contained in four pieces of tarlatan, a material worn by ladies as evening dresses. Two of the pieces were of a bright green colour, the other two of a pale or apple green. Those of the bright green colour contained arsenic in considerable quantities, one of the pale green contained a minute trace of it, but in the other none could be detected. He was induced to make these analyses from having heard that two young ladies had suffered from symptoms of arsenical poisoning in consequence of having worn dresses of this description at an evening party, and he proposes to make further analyses of a similar kind, the results of which will be given in his next quarterly report.

A DANGEROUS LUNATIC AT LARGE.

To the Editor of THE LANCET.

SIR,—Will any of your readers be good enough to advise me how to act in the following case.

A powerful man, in a neighbouring village, has been confined eight separate times in the County Asylum (as a pauper), and each time after a few months' residence has been discharged "cured," to be returned in a few months as a dangerous lunatic. The last three times before he was removed he kept the village in terror for hours, once stalking up and down it, armed with a loaded double-barrelled gun and a meat-chopper, and the two last times inflicted considerable damage on the relieving officer before he could safely lodge him in the asylum; so much so that when he removed him six weeks ago he was much bruised about the head and face, and has still a swollen and stiff finger. Even at his best times there is generally something in his manner which marks him as not quite sane, and, in my opinion and in that of my partner, he ought to be permanently confined. Can any steps be taken to attain this object, and, if so, how must I proceed?

Yours faithfully,

Eye, Nov. 17th, 1875. EDGAR G. BARNES, M.D. Lond.

MR. YOUNG AGAIN.

MR. CHARLES YOUNG is not yet happy, as the following advertisement from the *Western Gazette* shows:—

"Charles Young, Surgeon, Chilton Polden, although endeavouring to obtain another practice, hopes to attend his patients until he leaves, and to have the privilege of remaining, should he desire it, which is most likely."

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Parkes; Mr. Bryant, London; Mr. Simon, London; Mr. Teevan; Mr. Rivington, London; Dr. G. MacLeod, Glasgow; Mr. Braden, Lewes; Mr. Griffiths, Cardigan; Mr. J. Farrar, Bradford; Dr. Philipson, Newcastle-on-Tyne; Dr. Neate; Dr. Griffiths, London; Mr. Whines; Mr. G. Cowell, London; Mr. C. Holmes, Oxon; Mr. Elliott, Bristol; Dr. Senftleben, London; Dr. Mickley, London; Mr. Skaife, London; Mr. Hewetson; Dr. Moore, Dublin; Mr. Humphries, London; Mr. Bell, London; Mr. Rowland, Wembury; Mr. Forbes, Kirkby Stephen; Dr. Pettigrew, St. Andrews; Mr. Wills, Bootle; Mr. Murrell, London; Mr. Frost, Ironsville, Queensland; Dr. Rayner, Hanwell; Dr. Davidson, Liverpool; Mr. Alderson, Hammersmith; Mr. Hill, Crickhowell; Dr. Sheen, Bentham; Dr. Webb, Wirksworth; Dr. Barnes, Epsom; Rev. C. H. Colbyn, Wirksworth; Mr. Neve Foster, London; Rev. J. D. Mereweather, Venice; Dr. Russell, Glasgow; Mr. Johnson, Whitwick; Mr. Lane, London; Dr. L. Winslow, London; Dr. Hamill, Miles Platting; Mr. Teale, Leeds; Mrs. Minschull, Holloway; Messrs. Salt and Son, Birmingham; Mr. Melson, Gosport; Mr. Fergus, Marlborough; Dr. Gindere, Homerton; Dr. Sheen, Cardiff; Mr. F. Scott, Manchester; Mr. R. Moffatt, Glasgow; Mr. Doran, London; Dr. Duckworth, London; Mr. Bedford, Amersham; Mr. Groves, London; Mr. Incledon, London; Mr. Britton, Halifax; Mr. Sawkill, Sherburn; Dr. Edes, London; Mr. Keith, Folkestone; Mr. J. Evans, Wahsingham; Mr. Russell, Neath; Dr. M'Kelvie, Oban; Mr. B. Brainwall, Newcastle; Dr. Ashworth, Bourn; Mr. Whall, Worksop; Mr. Phillips, London; Mr. Murphy, London; Dr. Harris; Dr. Barnes, Eye; Dr. Ware, London; Mr. Welch, London; The Director-General of the Medical Department of the Navy; Half-Pay; Enquirens, W. J.; Omicron; Common Sense; Testus; The Registrar-General of Edinburgh; Matron; A Yorkshireman; N. S. P.; Medicus; M.D., Halifax; An Old Practitioner; H. F.; E. G.; A Subscriber; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Parr, Alrewas; Dr. Lush, Weymouth; Mr. Olliver, Harrogate; Mrs. Humble, Birkenhead; Dr. Davies, Wrexham; Mr. Chitty, Shaftesbury; Dr. Hart, Tullow; Dr. Oswald, Scarborough; Dr. Cheeseman, Kingsbridge; Mr. Bennett, Worksop; Mr. White, Cashel; Dr. Macadam, Edinburgh; Mr. Hole, Tiverton; Mr. Symon, London; Mr. Townsend, Exeter; Dr. March, London; Mr. White, London; Mr. Martin, Bow; Mr. Sutton, Smethwick; Mr. Smith, London; Mr. Drury, Worcester; Mr. Savage, Goole; Dr. Stevens, London; H. B.; L.R.C.P., Ventnor; E., Swansea; L. M., Bedford; Epsilon, Cardiff; Medicus, Halifax; Humerus; A. Y. Z.; Medicus, Chorley; Alpha, Leeds; M.D., Barnsley; T. N. A.; Alpha, Bridlington; A. M.; R. S. L.; J., Kendal; J. G.; T. C.; Medical; M.D.; Medicus, Brighton; B. A.; S. M., Stamford.

Daily Bristol Times, Wrexham Guardian, Staffordshire Daily Sentinel, Wrexham Advertiser, Newcastle Chronicle, Welshman, Liverpool Post, Local Government Chronicle, Western Morning News, Manchester Guardian, Cork Constitution, Record, Sheffield Daily Telegraph, Derbyshire Times, and *Hampshire Telegraph* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments.)

THE LANCET OFFICE, NOV. 18TH, 1875.

Date	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Nov. 12	29·82	N.W.	40	42	...	51	39	...	Overcast
,, 13	29·76	S.E.	44	45	...	58	41	0·33	Raining
,, 14	29·14	N.W.	46	50	...	51	44	...	Raining
,, 15	30·24	N.W.	37	39	...	49	36	0·50	Foggy
,, 16	30·12	S.W.	42	45	...	53	38	...	Foggy
,, 17	30·05	W.	44	45	...	56	43	0·33	Overcast
,, 18	30·00	W.	51	54	...	...	44	0·00	Fine

Medical Diary for the ensuing Week.

Monday, Nov. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. de Havilland Hall will exhibit a Pathological Specimen of Tumour of the Liver; Dr. Thorowgood, a Specimen of Cirrhosis of the Liver in a Child, and a new Inhaler and Respirator by Mr. Carrick, of Glasgow.—Dr. Brunton, "On the Rational Treatment of Tapeworm."

Tuesday, Nov. 23.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Pavy will exhibit a Specimen of Sugar obtained from Healthy Human Urine, and prove its existence by the appropriate tests. — Mr. F. H. Welch, "On Aortic Aneurism in the Army, and the conditions associated with it."

Wednesday, Nov. 24.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Nov. 25.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Nov. 26.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. — Dr. Murchison "On a Case of Acute Cancer of the Liver, with Pyæmia, in a Man aged twenty-four"; "On two Fatal Cases of Acute Pyelitis and Nephritis apparently consequent on Gonorrhœa."—Mr. Berkeley Hill, "On a Case of Amputation at Hip-joint for Fibro-plastic Tumour."—Mr. Geo. Lawson, "On a Case of Melanotic Tumour of Orbit."

Saturday, Nov. 27.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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